TMA-RT

TRICARE Management Activity Reporting Tools Course

Volume I

CDIS
CDIS Express
Database Views and
CA-Visual Express®

Student Guide

November 2001

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CA-Visual Express®

Care Detail Information System (CDIS) User Tip Guide

Ver. 2.0

```
CIAHCSR                  CARE DETAIL INFORMATION SYSTEM              1996/08/02
CIM600 CID600            HCSR RETRIEVAL PATH SELECTION               18:35:32

           MOST RECENT DATE OF CARE FOR AVAILABLE HCSRS: 1996/07/27

           PLEASE MAKE SELECTION AND PRESS ENTER:        FOR A LIST OF WHEN
                                                         EACH STATE STARTED
           HCSRS BY PROVIDER                     1       REPORTING HEALTH
                                                         CARE DATA IN CDIS,
           HCSRS BY ICN                          2       PRESS F1

           HCSRS BY SPONSOR                      3

           HCSRS BY BENEFICIARY                  4

           HCSRS BY NAS/MTF                      5

           HCSR RETRIEVAL LOG INQUIRY            9




ENTER:NEXT SCREEN   F1:SCRN HELP   F4:PRIOR SCREEN   F11:FIELD HELP   F12:QUIT
```

About This User Tip Guide

This User Tip Guide provides step-by-step instructions to access the Care Detail Information System (CDIS) using 3270 terminal emulation on a Windows terminal.

Some keystrokes may be different if you are accessing CDIS using another emulator.

For example, if you are not using Chameleon's 3270 terminal emulator, you might use the **ENTER** key on the numeric keypad rather than the **ENTER** key as used in this User Tip Guide.

How to Use This Manual

This manual can be used in two ways: as a learning tutorial, and as a reference guide.

- Users can follow this guide to learn to use CDIS.

- Experienced users can reference specific pieces of information.

Formatting Conventions

Function keys, keys that are labeled for you on the keyboard, and menu titles appear in a **bold san-serif** font.

Note: Notes are used to provide you additional user tips to work more efficiently and effectively.

Warning: Warnings are guidelines that are *CRITICAL* for you to follow and may discuss data issues that are not intuitive.

What Is CDIS?

The **Care Detail Information System (CDIS)** is an application that provides quick and easy access to TRICARE purchased care claims data stored in the Source Data Collection System (SDCS). The Source Data Collection System is the repository for all processed purchased care claims. CDIS contains two major types of detail information — the **Health Care Service Record (HCSR)** and the **Health Care Provider Record (HCPR)**. CDIS also contains summary databases:

- Sponsor SSAN Summary

- Beneficiary Summary

- Provider Summary

- NASs/Care Authorizations used

About Health Care Service Records

HCSRs contain information about a specific claim. The detail information included on a HCSR includes:

- What diagnosis code was reported by the claims processing agency on an individual claim

- The allowable charge reported on a claim

- Which procedure or revenue codes were reported on a claim

- Processing and work load information

About Health Care Provider Records

HCPRs contain detail information about a specific provider. The summarized and detail information contained on a HCPR record includes:

- When a specific provider first became a TRICARE provider

- When a provider last submitted a claim

- What amount of care a provider has provided to the TRICARE beneficiary

- The amount of care where the provider was a participating provider

- Which specialty category a provider belongs to

CDIS is called the Care *Detail* Information System because it allows you to look at the details of a particular provider or the details of a specific claim. CDIS provides access to summarized data with the ability to drill down to detail records. You are not restricted to looking at aggregate totals only. Therefore, CDIS can be a powerful data retrieval tool. Also, it is important to realize that the CDIS system is a "real time" system. This means that the data you retrieve represents the most current data available.

*Warning***:**   The information contained in CDIS is confidential information protected by the Federal Privacy Act of 1974. Data in CDIS (1) should be

accessed only by authorized persons, (2) should be accessed only on a need-to-know basis, and (3) should be used only for its intended purpose. Data printed or reproduced from CDIS must be kept secure and should be shredded when its use is completed.

Moving Through CDIS Screens

To navigate through the CDIS screens, type a selection and press the **ENTER** key or press a designated function key. The function key prompts are displayed on the bottom of each screen. Note that some function key prompts may not appear on the prompt line at the bottom of the screen because of space constraints.

Press **TAB** to move the cursor from field to field across a screen. Press **SHIFT+TAB** to move to a previous field. Hold down the **Ctrl** key and press **ENTER** to move vertically down the screen.

The Function keys listed below can be used throughout CDIS:

F1   Screen level help — General information about the screen you are viewing

F2   Return to HCSR Retrieval Path Selection screen — Not available on Main Menu

F4   Return to previous screen or exit a field help screen (see **F11**)

F7   Scrolls backward through a list or range

F8   Scrolls forward through a list or range

F11   Field Help — Information relating to the field where your cursor is located; Press **TAB** to position cursor in field where Help is desired

F12   Exit CDIS

Esc   Refresh screen (to unlock screen)

Getting Help

The function keys listed below provide the following types of **Help** information:

F1   **General Help** on the screen you are currently viewing. **F1 Help** functions as an online user guide relating to the purpose and use of the screen that you are presently accessing. It also provides a listing of all options and function keys that are available.

F5   **Code Help**, indicated by an asterisk (*). **F5 Help** accesses the value for the code displayed on the screen.

F11   **Field Help** for the field where your cursor is positioned. **F11 Help** provides information about the data values in the field.

Technical Assistance

If you are unable to resolve a problem or have questions about the CDIS system, please contact the MHS Help Desk at 1-800-600-9332 (CONUS) or 1-800-981-5339 (OCONUS). Follow the phone menu instructions for CDIS support (currently [11/01], select Option 8 for EI/DS Support, then Option 4for CDIS support). Please be as specific as possible when describing your problem.

Logging in to CDIS

1. Double-click the CDIS icon on your desktop to view the DISA main screen.

```
3270 Terminal - mma-3270.mech.disa.mil [Session A ]                _ 回 ×
File  Edit  Disconnect  Script  Settings   Go IntraNet!™  Help



          DDDDDDD     IIIII      SSSSS      AAAA
          DD    DDD     II      SS   S     AA  A
          DD    DDD     II         SSS     AAAAAA
          DD    DDD     II      SS   SS    AA    A
          DDDDDDDDD    IIIII      SSSSS     AA    A

              Defense Information Systems Agency

          Defense Enterprise Computing Center Mechanicsburg

     Use of this or any other DEPARTMENT OF DEFENSE interest computer
  system (DODICS) constitutes your consent to monitoring, for the purpose
  of system management and security, by authorized DoD personnel. This
  DODICS and all related equipment are to be used for communication,
  transmission, processing, manipulation and storage of official U.S.
  Government or other authorized information only.  UNAUTHORIZED USE OF
  THIS COMPUTER MAY SUBJECT YOU TO CRIMINAL PROSECUTION AND PENALTIES.


  Press ENTER key to continue.

  _
Ready                                                                24, 2
```

2. Press **Enter**.

You will now be viewing the **Entry Validation** screen where you will log in to the IDMS mainframe.
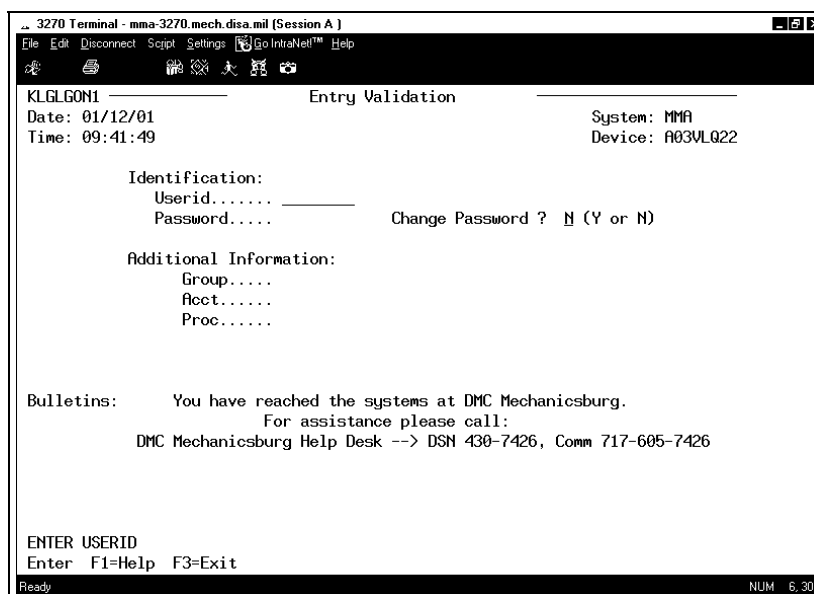
3. Type your **CDIS ID** and press **Tab**.

4. Type your password and press **Enter** to view the **CL/Supersession Main Menu MMA** screen.

   Note: The first time you log in to CDIS, you will see an intermediate screen that prompts you for your name, location and phone number. Fill in this information and press **Enter** when complete. There are no default data format requirements.

Type an "**s**" in the selection space to the left of this line and press **Enter**.
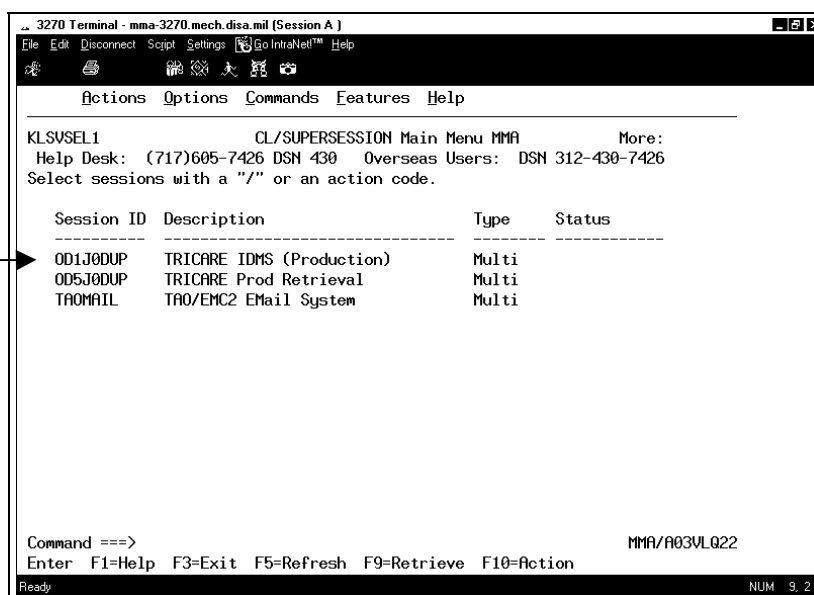
5. Type an "**s**" in the selection space to the left of **Session ID** menu item **001J0OUP TRICARE IDMS (Production)** and press **Enter** to select the mainframe database.
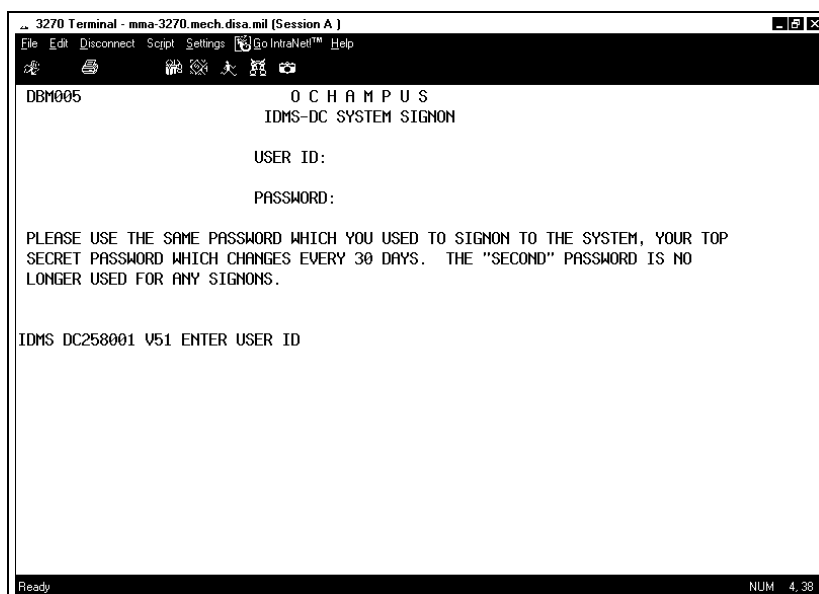
This prompts you to re-enter your login and password.

6. Type your **CDIS ID**.

7. Type your **password** and press **Enter** to view the **CDIS Main Menu** screen.

📄 *Note:*   On this screen, your cursor automatically moves to the **password** field after you type in your 7-character **User ID**. When you type your 8-character password, your cursor moves back to the first character of the login field.

CDIS Main Menu

The CDIS Main Menu prompts you to type the number associated with the different functions listed on the screen. You can access:

CDIS   Type **17**

Additionally, you can exit CDIS or sign off the IDMS system.

Sign Off From IDMS   Type **99**

```
DBAMENU DBD100              TRICARE SUPPORT OFFICE              PAGE 01 OF 01
                              MAIN MENU

             PLEASE ENTER THE DESIRED MENU SELECTION NUMBER: _


                      CARE DETAIL INFO SYSTEM             17
                      HCSR REF. TABLES  (CITABLES)        5
                      REFERENCE TABLES    (TABLES)        13
                      EXIT OCHAMPUS MAIN MENU             98
                      SIGN OFF FROM IDMS     (BYE)        99
```

CDIS Main Menu

To access CDIS and view the **HCSR Retrieval** screen, type **17** and press **ENTER**.

HCSR Retrieval Path Selection

```
CIAHCSR                 CARE DETAIL INFORMATION SYSTEM            1996/08/02
CIM600 CID600           HCSR RETRIEVAL PATH SELECTION              18:35:32

        MOST RECENT DATE OF CARE FOR AVAILABLE HCSRS: 1996/07/27

        PLEASE MAKE SELECTION AND PRESS ENTER;         FOR A LIST OF WHEN
                                                       EACH STATE STARTED
        HCSRS BY PROVIDER                    1         REPORTING HEALTH
                                                       CARE DATA IN CDIS,
        HCSRS BY ICN                         2         PRESS F1

        HCSRS BY SPONSOR                     3

        HCSRS BY BENEFICIARY                 4

        HCSRS BY NAS/MTF                     5

        HCSR RETRIEVAL LOG INQUIRY           9




ENTER:NEXT SCREEN   F1:SCRN HELP   F4:PRIOR SCREEN   F11:FIELD HELP   F12:QUIT
```

HCSR Retrieval Path Selection screen

This screen provides multiple selection paths (a selection list for each of the pathways) into HCSR data. You can return to this screen from anywhere in the application by pressing **F2**.

Access HCSRs By Provider

Type **1** from the **HCSR Retrieval Path Selection** screen and press **ENTER**.

The **Provider Selection** screen appears.

```
CIACIORS                    CARE DETAIL INFORMATION SYSTEM              96/08/02
CIM512 CID512                    PROVIDER SELECTION                     18:36:50

SELECT  "PROVIDER ID"  OR  "PROVIDER NAME"  OR  "PROVIDER ZIP"  SEARCH
F5 MOVES THE CURSOR TO THE PROVIDER NAME FIELD; F6 TO PROVIDER ZIP
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
"PROVIDER ID" MUST BE ENTERED

      PROVIDER ID   =
              SUB ID =        OR NAME =
              ZIP    =
              STATE  =            FOREIGN COUNTRY =
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
"PROVIDER NAME" MUST BE ENTERED
                                                          (PARTIAL NAME
      PROVIDER NAME =                                      ACCEPTABLE)
              ZIP    =
              STATE  =            FOREIGN COUNTRY =
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
"PROVIDER ZIP" MUST BE ENTERED

      PROVIDER ZIP  =                SPECIALTY =

F1:SCREEN HELP    F5/F6:CURSOR TO PROVIDER NAME/ZIP   F11:FIELD HELP   F12:QUIT
```

Three unique, standalone look-up paths

Provider Selection screen

Search For a Specific Provider

The **Provider Selection** screen is divided into three sections, separated by horizontal lines. You can search for providers by one of three criteria:

- ◆ **Provider ID**
- ◆ **Provider Name**
- ◆ **Provider Zip**

1. **TAB** to the section of the screen you want to use.

2. Type the required information (**Provider ID**, **Provider Name** *or* **Provider Zip**). **TAB** to fields you want to include. When criteria is complete, press **ENTER**.

💣 *Warning*: Enter criteria in one section exclusively.

📄 *Note:* Press **F5** to move the cursor to the **Provider Name** field or **F6** to jump directly to the **Provider Zip** field. Type information in a section's optional fields to narrow your search.

The **Provider Selection List** screen appears:

```
CIACIORS                    CARE DETAIL INFORMATION SYSTEM              96/08/02
CIM514 CID514                     PROVIDER SELECTION LIST               18:42:06


  FOR GROUP PROFILE PRESS ENTER
  FOR INDIVIDUAL OR UNIQUE GROUP MARK (ANY CHAR) SELECTIONS, PRESS ENTER

  I CERT/           PROVIDER               ID    SUB SP/              ZIP
  N STAT              NAME               NUMBER  -ID CD     CITY      CODE
  - ----  ------------------------------  --------- ---- -- -------------- -----
  N ACT  BLUE CROSS CLINIC               GR0000182 A001 70 ATHENS
  N ACT  BLUE CROSS HOSPITAL             GR0000910 9004 49 ATHENS 11528
  N ACT  BLUE CROSS HOSPITAL             GR0000910 9003 84 ATHENS 11528
  N ACT  BLUE CROSS HOSPITAL             GR0000910 9002 62 ATHENS 11528
  N ACT  BLUE CROSS HOSPITAL             GR0000910 9001 01 ATHENS 11528
  N ACT  BLUE CROSS HOSPITAL             GR0000910 0000 99 ATHENS 11528
  I ACT  BLUE CROSS HOSPITAL             GR0000910 0000 10 ATHENS 11528




 CERTIFIED/ACTIVE PROVIDER STATUS NAMES ARE HIGHLIGHTED
AT TOP OF SELECTION LIST
 F1:SCREEN HELP F3:GOTO SELECT F7:PAGE BACK 8:PAGE FWD F11:FIELD HELP F12:QUIT
```

Provider Selection List screen

1. **TAB** or use **CTRL + ENTER** to position the cursor in the selection field to the left of the single provider whose records you want to see.

2. Mark your selection with an "s" and press **ENTER** to view the **Provider Profile** group summary screen.

📄 *Note:* You can only view the HCPR (Health Care Provider Record) Detail screen for a single provider selection.

The **Provider Detail** screen appears.

```
CIACIORS                    CARE DETAIL INFORMATION SYSTEM              96/08/02
CIM517 CID517                       PROVIDER DETAIL                     18:39:30
      ** CURRENT RECORD **   NON-INSTITUTIONAL ** HISTORY RECORD 01  **
PROVIDER ID: 300000004 0000  UPIN:          UPIN:
NAME:   COLORADO HEALTH INC.       | COLORADO HEALTH, INC.
LOCATION: 123 ANY STREET        CO 80215 |    123 ANY STREET         CO 80215
BILLING :                          |

CONTRACTOR NUMBER : 38 BC/BS/SC    | 38  BC/BS/SC
TYPE PROVIDER ID  : S  INDICATES "SSN"   | S   INDICATES "SSN"
PROVIDER STATUS   : A  ACTIVE      | A   ACTIVE
AFFILIATION CODE  : O  N/A         | O   N/A
MAJOR SPECIALTY   : 62 CLINICAL PSYCHOLOG | 62  CLINICAL PSYCHOLOG
HEALTH SERVICE REGION: 08  MTF CODE: 031  |
ACCEPTANCE DT : 1989/07/21         | 1991/07/01
TERMINATION DT: 0000/00/00         | 0000/00/00
REC EFFECT DT : 1994/06/22         | 1991/10/02
POSTING DT   : 1994/06/24          | 1993/08/09
                                   |
                                   |
                                   |


 F1:SCRN HLP F6:PROFILE  CUR:F7:PREV F8:NEXT  HIST:F9:PREV F10:NEXT F11:FLD HLP
```

Provider Detail screen

The **Provider Detail** screen is split vertically. Current provider data displays on the left and historical information is on the right. The information is highlighted if there are any differences.

View Provider History Records

Typically, the information that may change year-to-year is the provider name, address or specialty code(s) (for example, a provider who changes from a pediatrics to family practice specialty).

1. Press **F9** or **F10** to move backward or forward by year in a provider's history file.

2. View the history record count, displayed above the history data, until a **<LAST RECORD>** message appears.

3. **TAB** to the **Name**, **Location** or **Billing** fields and press **F5** to view all text (if all text is not displayed). Additional text appears on the line below the **Billing** field.

4. Press **F6** to display the **Provider Profile** screen (for all specialties).

Search By Provider Name or Zip Code

From the **Provider Selection** screen,

1. Press **F5** to place your cursor in the **Provider Name** section of the screen.

2. Type the **Provider last name** first, followed by a comma and the first name (no spaces)
or
Press **F6** to jump your cursor to **Provider Zip** and type a zip code.

3. Press **ENTER** to view the **Provider Selection List** screen.

```
CIACIORS                    CARE DETAIL INFORMATION SYSTEM              96/08/02
CIM514 CID514                    PROVIDER SELECTION LIST                18:42:06

   FOR GROUP PROFILE PRESS ENTER
   FOR INDIVIDUAL OR UNIQUE GROUP MARK (ANY CHAR) SELECTIONS, PRESS ENTER

   I CERT/            PROVIDER              ID     SUB  SP/              ZIP
   N STAT              NAME              NUMBER   -ID   CD     CITY     CODE
   - ----  -------------------------- --------- ---- -- -------------- -----
   N ACT  BLUE CROSS CLINIC            GR0000182 A001 70 ATHENS
   N ACT  BLUE CROSS HOSPITAL          GR0000910 9004 49 ATHENS 11528
   N ACT  BLUE CROSS HOSPITAL          GR0000910 9003 84 ATHENS 11528
   N ACT  BLUE CROSS HOSPITAL          GR0000910 9002 62 ATHENS 11528
   N ACT  BLUE CROSS HOSPITAL          GR0000910 9001 01 ATHENS 11528
   N ACT  BLUE CROSS HOSPITAL          GR0000910 0000 99 ATHENS 11528
   I ACT  BLUE CROSS HOSPITAL          GR0000910 0000 10 ATHENS 11528




   CERTIFIED/ACTIVE PROVIDER STATUS NAMES ARE HIGHLIGHTED
AT TOP OF SELECTION LIST
   THE MAX NBR THAT CAN BE SLCTD IS 1000; SEE SCRN HELP FOR MORE INFORMATION
```

Narrow your search criteria if this message appears at the bottom of your screen.

Provider Selection List screen

📄 *Note:*   You are limited to pulling 1,000 provider records. Narrow your search criteria if this message appears at the bottom of your screen.

💣 *Warning*:   You may find it necessary to try various combinations of the name including first name first. Adding a comma between the first and last name or omitting a space may help in your search. Although the **LNAME,FNAME,MI** (no spaces) format is the standard, some records do not adhere to that format.

Select Multiple Providers From the List

1. Hold down the **CTRL** key and press **ENTER** to move the cursor to each selection line and type an "s" to select.

2. Use the **F7** or **F8** keys to scroll backward and forward, page by page.

3. Press **ENTER** to view the **Provider Profile** group summary screen.

💣 *Warning*:   If you press **ENTER** without selecting specific providers, you will view a group summary of all the providers that were listed on the screen(s), regardless of whether they are related to one another.

View Provider Profile

The **Provider Profile** screen displays additional information related to the claims submitted and processed for the provider(s) you selected.

Like the **Provider Detail** screens, the **Provider Profile** screen displays data for an individual or a group summary, depending on your selection criteria. The screen below is a profile for a group of providers with the last name *Kirby*.

The **Provider ID** and **Location** fields are blank on the group summary **Provider Profile** screen. The text *Group Summary* appears on the upper right side of the screen.

Enter Fiscal Year Begin/End range and Specialty or Type-Inst Codes.

Select All (default), No Active Duty, or Active Duty Only HCSRs.

Press **Y** to view additional Specialty or Institution Codes.

```
CIAHCSR              CARE DETAIL INFORMATION SYSTEM              96/10/17
CIM530 CID530        PROVIDER PROFILE AS OF: 1996/10/16          12:08:53

PROVIDER ID:                        HEALTH SERVICE REGION:    MTF CODE:
NAME: KIRBY
LOCATION:                               GROUP SUMMARY
EARLIEST DATE OF SERVICE: 1988/11/04   LATEST DATE OF SERVICE: 1996/09/25
OPTIONAL FIELDS FOR SELECTION:
 ENTER  FISCAL YR RANGE   BEG FY: 1989     END FY: 1996
        CARE SELECTED   ALL(Y): Y  NO ACTIVE DUTY(Y):    ACTIVE DUTY ONLY(Y):
        SPECIALTY/TYPE-INST  :
SUMMARY:     FY  1996        FY  1996         FY  1995        FY  1995
             TOTAL         PARTICIPATED       TOTAL         PARTICIPATED
NBR CLAIMS          105            103             112             101
NBR SVCS            276            260             245             226
NBR VISITS          185            172             131             114
NBR ADMS              0              0               0               0
AUTH B/DAY            0              0               0               0
NBR HCSRS           220            202             208             191
AMT BILLED       $32,861        $31,868         $14,279         $13,492
AMT GVT PD       $12,520        $12,223          $5,290          $4,938
GRP SPEC/TYPE INSTNS AVAILABLE FOR FISCAL YEAR(S) DISPLAYED
02 06 07 08 16 18 26 30 37 70 93 97 TO SEE MORE HIT Y KEY AND THEN ENTER
ENTER:SEL F4:PRIOR SCRN F7/F8:SCROLL PRV F9:SCROLL FY F10:HCSR RTRVL F11:FLD HLP
```

Group Summary screen

Change Optional Fields

You can change the **Fiscal Year** range and **Specialty/Type-Inst** codes you wish to view on the **Provider Profile** screen. You can also view HCSRs for **No Active Duty**, **Active Duty Only**, or **All**.

1. Use the **TAB** to move your cursor to each optional field.

2. **Fiscal Year Range:** Type 4-digit designation in the **Beg FY** and **End FY** fields.

3. **Care Selected:** Type a **Y** to view **All**, **No Active Duty**, or **Active Duty Only** records. Only one of these three can be selected.

    📄 *Note:*   To deselect, press the space bar to delete the **Y**. Do not use an **N** or any other character. You may use an upper case **Y** or lower case **y**.

4. **Specialty/Type-Inst:** Type the Provider Specialty or Type of Institution code to narrow your criteria.

5. Press **ENTER**.

The data on your screen will refresh to reflect your new criteria.

Data Excluded From the Provider Profile Screen Totals

The **Provider Profile** screen excludes cost and workload figures from the summary totals when the HCSR meets any one of the following criteria:

- ◆ **HCSR submission code = D (denied)**
- ◆ **HCSR submission code = O (100% other health insurance paid)**
- ◆ **Deductible flag = 1 (deductible only)**

The cost and workload summary fields that are not updated (or are updated with zero) are:

> **NBR CLAIMS**
>
> **NBR SVCS**
>
> **NBR VISITS**
>
> **NBR ADMS**
>
> **AUTH B/DAYS**
>
> **AMT BILLED**
>
> **AMT GOVT PD**

The only summary field not affected is the **NBR HCSR** count. The number of HCSRs listed represents the total number of HCSRs that are being extracted — regardless of submission code or deductible flag.

The only HCSRs not counted are those with submission types of **A** (adjustment) or **C** (complete cancellation).

Retrieve HCSR Detail

HCSR detail is the actual information about the submitted claim. You can view HCSRs on line by moving through the three screens of data that compose a HCSR, and you can move from HCSR to HCSR within a group you select to view.

You can also extract the data you viewed on the screen and download it to a local database on your PC. From your local database, you can design your own queries and reports based on the claims data.

From a Profile or Group Summary CDIS screen,

1. Press **F10** to view the HCSR Retrieval Options screen.

2. Press **ENTER** to View HCSRs On-line (selection 11).

View HCSR Detail Online

When you press **ENTER** (selection 11), the claim detail screen shown below appears.

The HCSR information is divided into four claim detail screen types:

<table>
<tr>
<td>
Processing and Financial Information

This screen shows all processing and financial information for this HCSR.
</td>
<td>

```
CIAHCSR CID640          CARE DETAIL INFORMATION SYSTEM            2000/07/03
CIM640       HCSR DETAIL - PROCESSING AND FINANCIAL INFORMATION        15:55:43
SEL KEY: ICN: 19963390802638-A    TIME:220637
 CONTRACTOR NBR:     BC/BS/SC                    RECORD TYPE:    INSTITUTIONAL
    PROGRAM IND:    INSTITUTIONAL                  TYPE SUB:    RESUB INITIAL REJE
 HEALTH PLAN CD:                             HCSR PTC DATE:
 DATE ADJ IDENT:                             RSN FOR ADJ:
NAS NBR:              NAS EXCEPT RSN:                        RFI:
SP RATE CD:     TRICARE/CHAM DEDUCT FLG:                RSN PMT PNLTY:
SP PROCESS CD 1:                      2:    3:
  OVERRIDE CD 1:                      2:    3:      NBR PMT REDUCT DAYS:
            AMT BILLED:                        AMT ALLOWED:
     AMT OTHER INSURANCE:                    AMT THIRD PARTY:
     PATIENT CO-INSURANCE:                   AMT ALWD BY OHI:
AMT PD GOVT CONTRACTOR:                    PATIENT CO-PAYMENT:
        TOT PATIENT PAY:             AMT APPLIED TO DEDUCT:
REGION:     MTF BRANCH OF SVC:                 PMT PENALTY:
BILLABLE BRANCH OF SVC:   NAVY                 CARE END FY:
      HCSR ACCEPT DATE:                      CLAIM COUNT CD:    FORM TYPE:
BENEFIT CLAIM COUNT CD:    ADMIN COUNT CD:              NET RECORD TYPE CD:
  HOSPITAL DEPT NBR:      ⤬ MTF/BILLABLE MTF:     -         PCM DMIS-ID:
  SRC HEALTH CARE DATA:    FI CONTRACTOR IS SOU MDC:


ENTER:NXT SCRN  F1:HELP  F2:TOP OF APP  F4:PR SCRN  F5:"⤬" DECODE  F11:FLD HLP
```
</td>
</tr>
</table>

Press **ENTER** to view the next screen of detail.

<table>
<tr>
<td>
Beneficiary and Provider Information

This screen includes demographic and other identifying information about the Patient, Sponsor, and Provider.
</td>
<td>

```
CIAHCSR CID642          CARE DETAIL INFORMATION SYSTEM            1996/08/05
CIM642       HCSR DETAIL - BENEFICIARY AND PROVIDER INFORMATION      17:37:20
                  ⤬⤬⤬ PROTECTED BY PRIVACY ACT OF 1974 ⤬⤬⤬
SEL KEY:         -    /      /   /I /   /000000-000000 /ICN: 1996057GR09253-A

------------------------- PATIENT INFORMATION ------------------------------
     NAME: LASTNAME,FIRST                        SSN:    -  -
BIRTH DATE: 19XX/05/24    AGE:  XX                    SEX: F
 ZIP CODE: 09841-                       ENROLLMENT STATS: F  FI STANDARD CHAMPU
      DDS: 30 SPOUSE OF SPONSOR    RELATION TO SPONSOR: F  UNREMARRIED WIDOW(
BENE CATEG: 3  RETIRED/DECEASED-D
------------------------- SPONSOR INFORMATION ------------------------------
     SSN: 333-33-3333                         STATUS: K  DECEASED
BRANCH SVC: A  ARMY                        PAY GRADE: 09 ENLISTED (E9)

------------------------- PROVIDER INFORMATION -----------------------------
 PROV NAME: PROVIDER NAME HOSPITAL             TIN-SUBID: 333333333 - 0000
  LOC ADDR: XXX STREET ADDRESS                 EXCEPTION FLAG :
            CITY                    GREECE
  ZIP CODE: 12345-
  AFFIL CD: 0  N/A                     PARTICIPATE IND: Y  YES
TYPE INSTN: 10 GENERAL MEDICAL AND SURGI

ENTER:NEXT SCREEN   F1:SCRN HELP    F7:PRIOR HCSR   F8:NEXT HCSR   F11:FLD HELP
```
</td>
</tr>
</table>

Press **ENTER** to view the next screen of detail.

<table>
<tr><td>

Non-Institutional Utilization

This screen lists details of the diagnosis and procedure code information related to the HCSR.

</td><td>

```
CIAHCSR CID646          CARE DETAIL INFORMATION SYSTEM           1997/04/04
CIM646             HCSR DETAIL - NON-INSTITUTIONAL UTILIZATION       14:15:02

SEL KEY:          -   /      /  /N /   /000000-000000 /ICN: 19912983810485-A
DIAG ED IDENT: 9  ICD-9-CM
x DIAGNOSIS: PRIN: 30651    SEC:
x PRICING LOCATOR:
PROCEDURE TEXT ID: 4 CPT-4, OCHAMPUS A     TOT NBR DETAIL LINES: 001

*PROC  PRM PFILE #SVCS   BILLED     BEG DATE PLACE OF SERVICE DENIAL REASON
MODFY      CODE  #VSTS   ALLOWED    END DATE TYPE OF SERVICE  CATEGORY OF CARE
90050 1   90      1         $40.50 1991/09/26 3  DOCTOR'S OFFI
          6       1         $24.70 1991/09/26 O1 OUTPATIENT -  E  MEDICAL




F1:SCRN HLP F5:"x" DECODE F7:PR HCSR  F8:NXT HCSR  F9:PR DETAIL F10:NXT DETAIL
```

</td></tr>
</table>

If the claim you are viewing is for inpatient services provided in an institution (hospital), you will see the Institutional Utilization screen displayed below.

<table>
<tr><td>

Institutional Utilization/Revenue

This screen contains data about the inpatient charges and services.

</td><td>

```
CIAHCSR CID644          CARE DETAIL INFORMATION SYSTEM           1997/04/04
CIM644  HCSR DETAIL - INSTITUTIONAL UTILIZATION/REVENUE INFORMATION   15:38:55
SEL KEY:          -    /      /  /I /   /000000-000000 /ICN: 1996019IE01152-A
DIAG ED IDENT: 9 ICD-9-CM
     ADMISSION DATE: 1995/08/11           BILL FREQ CD: 1 ADMIT THROUGH DISC
BEGIN DATE OF CARE: 1995/08/11         END DATE OF CARE: 1995/08/20
        SRC OF ADM: 9  INFORMATION NOT AV   TYPE OF ADM: 3 ELECTIVE
    DISCHARGE STAT: 01 DISCHARGED           TOT BED DAYS:   9
   ADMISSION COUNT:  1                  GOVT AUTH BED DAYS:   9
x ADMISSION DIAG:   4139                 CATEGORY OF CARE: E   MEDICAL
x DIAG PRIN 4139   SEC:
x OP/NON-SURG PROC: PRIN:          SEC:
     NBR OF BIRTHS:                     x DRG NBR: 000  DERIVED DRG NBR:
    DRG GROUPER ED:                        DRG PRICER ED:
     BILL CLASS CD: 1 INPATIENT           TOT REV LINES: 002
x REV CD  NBR SERVICES   CHARGE BY REV CD  DENIAL REASON CODE
 001             0            $325.20
 120             9            $325.20



F1:HLP  F5:"x" DECODE  F7:PRI HCSR  F8:NXT HCSR  F9:PR DETAIL  F10:NXT DETAIL
```

</td></tr>
</table>

📄 *Note:* The detailed claim information is divided into the above screens for security and privacy purposes; the beneficiary information cannot be viewed online at the same time as the processing and financial information.

Maneuver Through HCSR Detail Screens

- ◆ Press **ENTER** to move to the next detail screen for the same HCSR.

- ◆ Press **F4** to move to the previous detail screen for the same HCSR.

- ◆ Press **F7** to view the same detail screen for a different HCSR (which was entered in the database *before* the one you are viewing).

- ◆ Press **F8** to view the same detail for a different HCSR (which was entered in the database *after* the one you are viewing).

💣 *Warning***:** When you use **F7** and **F8** you are actually moving to a different patient claim. The beneficiaries may have no relationship to one another; you are toggling through a list of claims submitted for the provider, or under a specific sponsor or beneficiary, depending on the Retrieval Path you used.

Understand The Fields

Many of the field names include acronyms or use abbreviated words. If you need more information about a field, use the Field Help function (**F11**) outlined in the *Overview* section of this guide.

The HCSR detail screens have an additional Help function. An *asterisk (*)* next to a field indicates that a "decoded table" is available. This help is available for lengthy descriptors such as Diagnosis and Procedure codes. Instructions for using this **F5** "decoding" feature are contained in the *Overview* section of the tip guide.

📄 *Note:* Remember that available function keys for each screen are listed across the bottom of the screen.

Extract HCSRs

Use a retrieval path to select the HCSRs that you want to extract, and press **Enter** to view the **Profile** screen.

💣 *Warning***:** **NBR HCSRS** on the **Profile** screen indicates approximate number of records to be retrieved. Be careful to limit your retrieval criteria to select a reasonable number of records. Do not exceed 10,000 records.

```
CIAHCSR              CARE DETAIL INFORMATION SYSTEM                 96/10/17
CIM530 CID530        PROVIDER PROFILE AS OF: 1996/10/16             12:08:53

PROVIDER ID:                        HEALTH SERVICE REGION:    MTF CODE:
NAME: KIRBY
LOCATION:                            GROUP SUMMARY
EARLIEST DATE OF SERVICE: 1988/11/04    LATEST DATE OF SERVICE: 1996/09/25
OPTIONAL FIELDS FOR SELECTION:
  ENTER  FISCAL YR RANGE   BEG FY: 1989    END FY: 1996
        CARE SELECTED   ALL(Y): Y  NO ACTIVE DUTY(Y):    ACTIVE DUTY ONLY(Y):
        SPECIALTY/TYPE-INST   :
SUMMARY:      FY  1996        FY  1996        FY  1995      FY  1995
              TOTAL         PARTICIPATED       TOTAL        PARTICIPATED
NBR CLAIMS          105            103             112              101
NBR SVCS            276            260             245              226
NBR VISITS          185            172             131              114
NBR ADMS              0              0               0                0
AUTH B/DAY            0              0               0                0
NBR HCSRS           220            202             208              191
AMT BILLED       $32,861        $31,868         $14,279          $13,492
AMT GVT PD       $12,520        $12,223          $5,290           $4,938
GRP SPEC/TYPE INSTNS AVAILABLE FOR FISCAL YEAR(S) DISPLAYED
02 06 07 08 16 18 26 30 37 70 93 97  TO SEE MORE HIT ▲ Y KEY AND THEN ENTER
ENTER:SEL F4:PRIOR SCRN F7/F8:SCROLL PRV F9:SCROLL FY F10:HCSR RTRVL F11:FLD HLP
```

Press **F10** to view the **HCSR Retrieval Options** screen

Provider Profile screen

1. Press **F10** to go to the **HCSR Retrieval Options** screen.

2. From the **HCSR Retrieval Options** screen, type **12** and press **ENTER** to create an extract. The following screen appears:

```
CIAHCSR              CARE DETAIL INFORMATION SYSTEM             1996/08/06
CIM606 CID606              HCSR RETRIEVAL OPTIONS               13:12:36


                                    FILE NAMES:
                                    1-8 CHARACTERS
  PLEASE ENTER THE FILE NAME:   { _       }    BEGIN WITH A LETTER
                                    CONTAIN NO SPECIAL CHARACTERS
                                    CONTAIN NO IMBEDDED BLANKS
  DESCRIPTION: (OPTIONAL)

  {                                                                    }
     THIS DESCRIPTION CAN BE USED TO ENTER ADDITIONAL INFORMATION ABOUT
     YOUR SELECTION AND CAN BE VIEWED ON THE HCSR RETRIEVAL LOG.


              **    PRESS ENTER TO PROCESS YOUR REQUEST    **
     THE EXTRACTED HCSR FILE WILL BE AVAILABLE FOR 7 DAYS. RECOMMEND
     FILE BE DOWNLOADED TO YOUR WORKSTATION FOR LONGER RETENTION OR
     REPORT GENERATION.  AFTER 7 DAYS THE FILE WILL BE DELETED.




F1:SCRN HELP  F2:TOP OF APPLICATION  F4:PRIOR SCREEN  F11:FIELD HELP  F12:QUIT
```

HCSR Retrieval Options screen

3. Type a meaningful one- to eight-character name for the extract. It must begin with an alpha character.

4. Press **TAB** to type a description of your extract criteria in the **DESCRIPTION** field (optional).

5. Press **ENTER** to start your extract. A note appears to indicate your file is being created.

📄 *Note:* You may continue to work in CDIS while your HCSRs are being retrieved.

Your extracts will remain on the system for 7 days. However, you should delete extracts when you are finished using them. See "**Delete HCSR Extract File**" on page 26.

Access HCSRs By Internal Control Number (ICN)

1. Type **2** from the **HCSR Retrieval Path Selection** screen and press **ENTER**.

The **HCSR Retrieval Selection Criteria by HCSR ICN** screen appears.

Used to identify when treatment data (procedure and revenue codes) is split into groupings. Suffix A means no split required, B means first split, and so on.

```
CIAHCSR                 CARE DETAIL INFORMATION SYSTEM              2001/11/16
CIM610 CID610   HCSR RETRIEVAL SELECTION CRITERIA BY HCSR ICN         12:42:59




            HCSR ICN = _                        SUFFIX =
                       YYYYDDDXXSSSSS

          YYYY = 4 DIGIT CALENDAR YEAR
           DDD = 3 DIGIT JULIAN DATE
            XX = 2 DIGIT NUMERIC STATE CODE OR ALPHA COUNTRY CODE
                 SEE ADP MANUAL, ADDENDUM A AND B
         SSSSS = 5 CHARACTER FI/CONTRACTOR ASSIGNED SEQUENCE IDENTIFIER






 F1:SCREEN HELP    F2:TOP OF APPL    F4:PRIOR SCREEN    F11:FIELD HELP    F12:QUIT
```

HCSR Retrieval Selection screen

2. Type the **ICN** and the suffix, and press **ENTER** to go directly to the HCSR detail.
   Or
   Select the HCSRs you wish to view from the list that appears, as follows:

   (a) Hold down the **CTRL** key and press **ENTER** to move the cursor to the selection line.

   (b) Mark your selections with an "s" and press **ENTER.**

📄 *Note:* By default, all HCSRs are given a suffix of "a". More than one HCSR record may be generated for the same ICN, however, and each subsequent record will be differentiated by the suffix which increases by one alpha character (-b, -c, -d, and so on). This occurs when the number of line item procedure codes exceeds 25 or revenue codes exceed 50 line items on a HCSR.

📄 *Note:*   If you do not enter a suffix, the **HCSR Retrieval - Suffix/Contractor Number Selection** screen will appear if more than one HCSR record exists for the same ICN.

Look Up An ICN

💣 *Warning***:**   The ICN on the TRICARE database is not always formatted the same as the ICN on some of the Explanation of Benefits (EOBs) received by beneficiaries. This varies by contractor.

If you are unsure of the ICN for a particular claim but know the provider name, you can locate the record using the Provider search option from the **HCSR Retrieval Path Selection Screen**.

1. Type **1** to access **HCSRs by Provider**.

2. Press **F5** to move the cursor to the **Provider Name** selection field.

3. Type the provider last name and press **ENTER**.

4. Select the appropriate record(s) and press **ENTER**.

5. Press **F10** to access **HCSR RTRVL**.

6. Press **Enter** to **VIEW HCSRS ONLINE (11)**.

7. You will find the ICN for that provider record on the **HCSR Detail - Processing and Financial Information** screen (upper left side).

📄 *Note:*   **F2** takes you back to the **HCSR Retrieval Path Selection** screen.

Access HCSRs By Sponsor

1. Type **3** from the **HCSR Retrieval Path Selection** screen and press **ENTER**.

   The **HCSR Retrieval Selection Criteria by Sponsor** screen appears.

```
CIAHCSR                  CARE DETAIL INFORMATION SYSTEM              1996/08/05
CIM660 CID660    HCSR RETRIEVAL SELECTION CRITERIA BY SPONSOR           14:41:50



---------------------------- SPONSOR BY SSAN -------------------------------

                    SPONSOR SSAN: _    -    -          (MUST ENTER COMPLETE SSAN)


                            OPTIONAL INFORMATION

          DEERS DEPENDENT SUFFIX:        ('*' IN 2ND CHAR ACTS AS WILDCARD)

     BENEFICIARY DOB (YYYY/MM/DD):       /    /




ENTER:SELECT  F1:SCR HELP  F2:TOP OF APPL  F4:PRIOR SCR  F11:FLD HELP  F12:QUIT
```

HCSR Retrieval Selection Criteria By Sponsor

2. Type **Sponsor SSAN** (the program inserts the hyphens for you) and press **ENTER**.

3. If there is more than one beneficiary listed under the sponsor, the **HCSR Retrieval Selection List by Sponsor** screen appears.

Indicates that there are no HCSR records for this individual. See Note below.

```
CIAHCSR                  CARE DETAIL INFORMATION SYSTEM              1996/08/05
CIM662 CID662    HCSR RETRIEVAL SELECTION LIST BY SPONSOR               14:52:52
                 ********** PROTECTED BY PRIVACY ACT OF 1974 **********
FOR FAMILY PROFILE, PRESS ENTER.
FOR INDIVIDUAL OR UNIQUE GROUP PROFILES MARK (ANY CHAR) SELECTIONS, PRESS ENTER

SPONSOR SSAN = 000-00-0000                        PAGE NBR:     1

SEL     DEERS        BENEFICIARY
IND    DEP SFX      DATE OF BIRTH          BENEFICIARY NAME          PROFILE IND
---    ---------    -------------      --------------------------    ----------
        20          19XX/01/14         LASTNAME, SPONSORNAME           NOT AVAIL
        01          19XX/06/30         LASTNAME, CHILDNAME
        02          19XX/06/30         LASTNAME, CHILDNAME
        30          19XX/12/06         LASTNAME, SPOUSENAME




COMPLETE LIST IS DISPLAYED
ENTER:PROFILE  F1:SCRN HLP  F4:PRI SCRN  F7:BACK  F8:FWD  F11:FLD HLP  F12:QUIT
```

HCSR Retrieval Selection List By Sponsor

> *Note:* Beneficiary records flagged as **NOT AVAIL** have been downloaded from DEERS to correctly identify sponsor/beneficiary relationships for pre-approval requests. These will appear in alpha sequence before the records with claims attached.

Select Beneficiaries From the List

1. Hold down the **CTRL** key and press **ENTER** to move the cursor to a specific beneficiary.

2. To select an individual, mark the name with an "s" and press **ENTER**.
   or
   Press **ENTER** without making any selections to view the **Sponsor/Beneficiary Profile** group summary screen for the entire family.

💣 *Warning*: Frequently, a beneficiary is listed with different name spellings in the database. For example, the beneficiary Mary Smith may have records as:

> Smith,Mary
> Smith Mary
> Mary Smith

You will need to select all three beneficiary names to view all HCSRs for Mary Smith.

📄 *Note:* To determine the **DEERS Dependent Suffix-Definition**, **TAB** to move your cursor to the suffix field and press **F11** for field help.

View Sponsor/Beneficiary Profile

Text appears in the upper half of the screen indicating that you are viewing **Group Summary** information, as displayed below.

```
CIAHCSR                    CARE DETAIL INFORMATION SYSTEM                1996/08/05
CIM664 CID664    SPONSOR/BENEFICIARY PROFILE AS OF: 1996/08/04           15:29:34
                ××××××××× PROTECTED BY PRIVACY ACT OF 1974 ×××××××××
PATIENT NAME: GROUP SUMMARY                 SPONSOR SSN: 000-00-0000
SSN:      -       DOB:    /  /    SEX:   <----- SPONSOR'S MOST RECENT ---->
DDS:                                        ENROLLMENT CODE:
ENROLLMENT CODE:                            BOS: F  AIR FORCE        REGION: 08
EARLIEST DATE OF SERVICE: 1992/07/24        STATUS: R  RETIRED        ×MTF: 031
LATEST DATE OF SERVICE:   1996/03/30        PAY GRADE: 06  ENLISTED (E6)
OPTIONAL - TO SELECT A FY RANGE:   ENTER BEG FY =        END FY =
                         FY 1996      FY 1995        FY 1994        FY 1993
AMT DEDUCT                $150          $0             $0             $0
AMT BILLED                $504        $620            $74            $64
AMT ALLOWED               $243        $212            $48            $64
AMT OHI & TPL              $0           $0             $0             $0
AMT COINS & COPAY          $23          $0             $0             $0
AMT PD BY GOVT             $69        $212            $48            $64
NBR ADMISSIONS             0            0              0              0
NBR AUTH BED DAYS          0            0              0              0
NBR VISITS                 6            4              1              2
NBR SERVICES               6            4              1              2
NBR CLAIMS                 3            1              1              2
NBR NET HCSRS              3            1              1              2
ENTER:SEL FY F3:GOTO SELECT F7:PR BENE F8:NXT BENE F9:SCRLL YRS F10:HCSR RTRVL
```

Group Summary

Sponsor/Beneficiary Profile/Group Summary

Access HCSRs By Beneficiary

You can search for beneficiary records by name and beneficiary SSAN. Retrieval of HCSRs in a Zip code or Zip code range or for a beneficiary special enrollment code are also available.

📄 *Note:* Like the **Provider Selection** screen, the **Beneficiary Retrieval Selection** screen is divided into sections that are separated by horizontal lines. Each section represents a stand-alone look-up; do not enter data into more than one section at a time.

1. Type **4** from the **HCSR Retrieval Path Selection** screen and press **ENTER**.

The **HCSR Retrieval Selection Criteria By Beneficiary** screen appears.

```
                         CARE DETAIL INFORMATION SYSTEM              2000/07/03
CIM661 CID661     HCSR RETRIEVAL SELECTION CRITERIA BY BENEFICIARY      16:16:49

F5 MOVES THE CURSOR TO SSN; F6 TO ZIP; F7 TO SPEC ENROLLMENT CODE
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
"BENEFICIARY NAME" MUST BE ENTERED
    BENEFICIARY NAME:                            PARTIAL NAME IS ACCEPTABLE
      FORMAT: LAST NAME,FIRST INITIAL - USE COMMAS TO SEPARATE, NOT SPACES

    DEERS DEPENDENT SUFFIX CODE:                 * IN 2ND CHAR FOR WILDCARD
    BENEFICIARY DOB (YYYY/MM/DD):        /    /       PARTIAL DOB ACCEPTABLE
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
"BENEFICIARY SSN" MUST BE ENTERED
  BENEFICIARY SSN:        -     -
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
"BENEFICIARY ZIP CODE" MUST BE ENTERED (MAX 2 LAST DIGITS BLANK FOR WILDCARDS)
  BENEFICIARY ZIP CODE           FISCAL YEAR (YYYY):          BLANK=LATEST
                         ENROLLMENT CODE:
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
"BENEFICIARY SPEC ENROLLMENT CODE AND RGN" MUST BE ENTERED
 VALID CODES: W=GSU X=EUROPE Y=STD Z=PRIME AA=EXTRA BB=SR PRIME
    ENROLLMENT CODE:      REGION CODE:     FY (YYYY):        BLANK = LATEST

ENTER:SELECT  F4:PRIOR SCRN  F5/F6/F7;CURSOR TO SSN/ZIP/ENROLL  F11:FLD HELP
```

Not a required field on HCSR; do not depend solely on "0" results from this field. Verify results using Bene name look-up or Sponsor SSN

Type 3 to 5 characters of the Zip Code or two-digit alpha county code

HCSR Retrieval Selection Criteria By Beneficiary

2. Type the **Beneficiary** last name and press **ENTER**.

📄 *Note:* To get the most complete search results, type last or partial name only. If you must further limit your selection, separate the last and first name by either a comma (with no space) or by a single space to get the best search results. You may need to search on different spelling and punctuation variations to locate a specific record.

3. The **HCSR Retrieval Selection List by Beneficiary** screen appears.

```
CIAHCSR                  CARE DETAIL INFORMATION SYSTEM              2001/01/18
CIM663 CID663    HCSR RETRIEVAL SELECTION LIST BY BENEFICIARY          13:56:28
            ×××××××××× PROTECTED BY PRIVACY ACT OF 1974 ××××××××××
MARK (ANY CHAR) INDIVIDUAL(S) TO BE SELECTED, PRESS ENTER
IF MULTIPLE LINES ARE SELECTED, SUMMARIZE ALL SELECTIONS AS GROUP(Y/N)   N

BENEFICIARY NAME: SMITH,J                           PAGE NBR: 1

SEL                              SPONSOR       DEERS      BENEFICIARY    PROFILE
IND      BENEFICIARY NAME          SSAN       DEP SFX   DATE OF BIRTH     IND
--- ----------------------------  ----------- -------- --------------- --------
 _  SMITH,JOHN,B                  111-11-1111    02       1992/01/31
    SMITH,JOHN,G                  111-11-1111    01       1992/01/31
    SMITH,JOHN G                  111-11-1111    02       1992/01/31
                                               -  -
                                               -  -
                                               -  -
                                               -  -
                                               -  -
                                               -  -
                                               -  -
                                               -  -

COMPLETE LIST IS DISPLAYED
ENTER:PROFILE F1:SCRN HELP F4:PRI SCRN F6:SEL SPONS F7:BACK F8:FWD F11:FLD HELP
```

Summarize all selections as a group

📄 *Note:*   To search by **Beneficiary SSAN, Beneficiary Zip Code** or
Beneficiary Special Enrollment Code and RGN, use the function keys
below to quickly navigate to the section you wish to use.

◊   Press **F5** to move cursor to **Beneficiary SSAN**
◊   Press **F6** to move to **Beneficiary Zip Code**
◊   Press **F7** to move to **Beneficiary Special Enrollment Code**

Select Beneficiaries From the List

If Multiple Lines Are Selected, Summarize All Selections as a Group

The default if multiple beneficiary names are selected is for CDIS to display an
individual summary screen, displaying the first beneficiary in the selection list.

Often, however, multiple beneficiary name spellings exist for the same individual. To
select and group records:

1. Hold down the **CTRL** key and press **ENTER** to move the cursor to a specific
    beneficiary.

2. To select an individual, mark the name with an "s" and press **ENTER**.

3. Continue following Steps 1 and 2 until you have selected all the records you want to
    view as a group.

4. Change the toggle field at the top of the screen (see arrow on screen shown above)
    **IF MULTIPLE LINES ARE SELECTED, SUMMARIZE ALL SELECTIONS AS A
    GROUP(Y/N)** to **Y**.

The Group Summary screen will appear.

```
CIAHCSR                     CARE DETAIL INFORMATION SYSTEM                1998/02/05
CIM664 CID664    SPONSOR/BENEFICIARY PROFILE AS OF: 1998/02/04        14:03:10
               ××××××××× PROTECTED BY PRIVACY ACT OF 1974 ××××××××××
PATIENT NAME: GROUP SUMMARY                    SPONSOR SSN:    -  -
SSN:              DOB:     / /    SEX:     <----- SPONSOR'S MOST RECENT ---->
DDS:                                           ENROLLMENT CODE:
ENROLLMENT CODE:                               BOS:                   REGION:
EARLIEST DATE OF SERVICE: 1992/10/17        STATUS:                  *MTF:
LATEST DATE OF SERVICE:   1997/05/05        PAY GRADE:
OPTIONAL - TO SELECT A FY RANGE:   ENTER BEG FY = _        END FY =
                          FY 1998       FY 1997        FY 1996        FY 1995
AMT DEDUCT                    $0            $0            $0             $0
AMT BILLED                    $0          $154           $50           $100
AMT ALLOWED                   $0           $92           $50           $100
AMT OHI & TPL                 $0            $0            $0             $0
AMT COINS & COPAY             $0            $1            $0             $0
AMT PD BY GOVT                $0           $91           $50           $100
NBR ADMISSIONS                0             0             0              0
NBR AUTH BED DAYS             0             0             0              0
NBR VISITS                    0             3             1              2
NBR SERVICES                  0             4             1              2
NBR CLAIMS                    0             4             1              2
NBR NET HCSRS                 0             4             1              2
ENTER:SEL FY F3:GOTO SELECT F7:PR BENE F8:NXT BENE F9:SCRLL YRS F10:HCSR RTRVL
```

Indicates you have summarized a group of individuals

Group Statistics from Beneficiary List

📄 *Note:*   To scroll through the individual beneficiary names in the group, press **F8** to view the next beneficiary.

Beneficiary By Special Enrollment Code

When you search by Special Enrollment Code, the profile screen which shows summary information is bypassed and the HCSR Retrieval screen appears.

💣 *Warning*:   Since you are unable to calculate the number of HCSRs you are trying to retrieve, if you try to run an extract you may exceed your limit. The HCSR retrieval log screen will display "Call Help Desk" in the record count field if you exceed your extract limit. The Help Desk phone number is 1-800-600-9332 (CONUS) or 1-800-981-5339 (OCONUS). Follow the phone menu instructions (currently [at 11/01], select Option 8 for EI/DS Support, then Option 4 for CDIS support). You may need to ask for an **ad hoc data pull** to be run by TMA for you.

Access HCSRs By NAS/Care Authorization

NAS/Care Authorization HCSRs By MTF Code

You can look at claims processed against Non-Availability Statements (NAS) or Care Authorizations by the issuing Medical Treatment Facility. Care Authorizations and NASs are differentiated on the claim by the RFI (Reason For Issuance) field on the first screen of the HCSR.

1. Type **5** from the **HCSR Retrieval Path Selection** screen and press **ENTER**.

2. The **MTF/NAS ID Selection** screen appears.

```
CIAHCSR                  CARE DETAIL INFORMATION SYSTEM              96/08/05
CIM700 CID700                  MTF/NAS ID SELECTION                  17:13:12


===============================================================================

  FOR NAS SUMMARY BY MTF - ENTER:

                MEDICAL TREATMENT FACILITY CODE: ___


===============================================================================

  FOR SUMMARY BY NAS ID NUMBER - ENTER:

                NON-AVAILABILITY STATEMENT NUMBER: _____
                                                   PMMMYDDD999

                P    = NON-AVAILABILITY STATEMENT PREFIX (=0)
                MMM  = MEDICAL TREATMENT FACILITY CODE
                YDDD = NON-AVAILABILITY ISSUE DATE (Y=YEAR DDD=JULIAN DAY)
                999  = NON-AVAILABILITY FACILITY SEQUENCE NUMBER

F1:SCREEN HELP  F4:PRIOR SCREEN  F5:CURSOR AT NAS  F11:FIELD HELP  PF12:QUIT
```

MTF/NAS ID Selection screen

3. Type the **MTF Code** and press **ENTER**.

   📄 *Note:* Press **F11** to view a list of MTF DMIS IDs, listed alphabetically by state.

4. The **Medical Treatment Facility NAS Summary** screen appears.

```
CIAHCSR                  CARE DETAIL INFORMATION SYSTEM               96/08/05
CIM701 CID701       MEDICAL TREATMENT FACILITY NAS SUMMARY            17:15:30
                            AS OF: 1996/08/04

MTF CODE: 031    DESC: FITZSIMONS AMC
HEALTH SERVICE REGION: 08
OPTIONAL SELECT FY RANGE -> BEG FY: 1989    END FY: 1996


                          FY  1996                        FY  1995
                    TOTAL        INPATIENT          TOTAL        INPATIENT
NBR NAS IDS          665            618              921            897
NBR CLAIMS         3,985          3,929            7,898          7,096
NBR HCSRS          4,522          4,440            8,257          8,203
NBR ADMS             466            466              869            869
AUTH B/DAYS        1,538          1,538            3,188          3,188
NBR SVCS          87,030         86,802          139,762        139,313
NBR VISITS         2,770          2,770            4,974          4,975
AMT BILLED    $4,392,778     $4,325,463       $8,264,789     $8,195,363
AMT ALLOWED   $2,400,042     $2,360,086       $4,664,826     $4,639,718
AMT OHI               $0             $0               $0             $0
AMT GVT PD    $2,145,113     $2,112,410       $4,388,024     $4,365,921


F1:SCRN HELP F4:PRIOR SCRN F7/F8:SCROLL YRS F10:HCSR RTRVL F11:FLD HELP F12:QUIT
```

MTF NAS Summary screen

NAS/Care Authorization HCSRs By ID Number

1. From the **MTF/NAS ID Selection** screen to move the cursor to the **NAS#** field.

2. Type the **NAS#** and press **ENTER**.

3. The **NAS Number Summary** screen appears.

```
CIAHCSR                  CARE DETAIL INFORMATION SYSTEM               96/08/05
CIM702 CID702     NAS NUMBER SUMMARY AS OF:  1996/08/04               17:18:12

NAS NUMBER: 00385206800 MTF CODE: 038 DESC: NAVHOSP PENSACOLA
                    HEALTH SERVICE REGION: 04

OPTIONAL SELECT FY RANGE --> BEG FY: 1995     END FY: 1996

                          FY  1996                        FY  1995
                    TOTAL        INPATIENT          TOTAL        INPATIENT
NBR CLAIMS            3              3                5              4
NBR HCSRS            3              3                5              5
NBR ADMS             0              0                0              0
AUTH B/DAYS          0              0                0              0
NBR SVCS             4              4                5              5
NBR VISITS           3              3                0              0
AMT BILLED       $1,379         $1,379           $3,400         $3,400
AMT ALLOWED        $921           $921           $1,714         $1,714
AMT OHI              $0             $0               $0             $0
AMT GVT PD         $783           $783           $1,440         $1,440



F1:SCRN HELP F4:PRIOR SCRN F7/F8:SCROLL YRS F10:HCSR RTRVL F11:FLD HELP F12:QUIT
```

NAS Number Summary screen

📄 *Note:* An NAS is no longer required for Outpatient procedures effective fiscal year 1997.

HCSR Retrieval Log Inquiry

HCSR Retrieval Log Inquiry allows you to view HCSR extract files you have created.

Type **9** at the **HCSR Retrieval Path Selection** screen to view the following screen:

```
CIAHCSR                    CARE DETAIL INFORMATION SYSTEM         1996/08/06
CIM670 CID670                 HCSR RETRIEVAL REQUEST LOG             13:20:33

USERID:  ODMMTX0                                                  PAGE     1

BEGINNING RANGE OF THE REQUEST DATE = 1996/08/06
ENDING    RANGE OF THE REQUEST DATE = 1996/08/06

SEL  ----- FILE  NAME ------      DATE       ------ SELECTION -----   RECORD
IND        USERID   UNIQUE      SELECTED     TYPE        KEY         COUNT
---  ----------------------     ----------  ----------------------  -----------
     OCH.CI.ODMMTX0.CHILDC0···  1996/08/06···PROVIDER··· NAME·SELECT···IN PROGRESS
     OCH.CI.ODMMTX0.BCC0        1996/08/06  PROVIDER    NAME SELECT            1




ENTER:SELECT  F2:TOP OF APP  F5:REFRESH  F7:PG BACK  F8:× LAST PG ×   F12:QUIT
```

HCSR Retrieval Request Log

📄 *Note:* Extracts remain in this list for 7 days unless you delete them.

Delete HCSR Extract File

Delete extracts when you are finished using them.

To delete an extract file, at the **HCSR Retrieval Request Log** screen, type a "**d**" or "**D**" in **SEL IND** field to the left of the file you wish to delete and press **ENTER**.

The following screen appears to confirm that you want to delete the selected file:

```
CIAHCSR                    CARE DETAIL INFORMATION SYSTEM         1996/08/06
CIM673 CID673                   CONFIRMATION OF DELETE               13:24:21



     EXTRACT FILE NAME  :  OCH.CI.ODMMTX0.BCC0
     EXTRACT FILE DESCRIPTION:

     DATE FILE REQUESTED:  1996/08/06
     EXTRACT REC COUNT  :          1

          PRESS ENTER KEY TO CONFIRM DELETE REQUEST.
          PRESS PF4 TO RETURN TO THE SELECTION LIST.






ENTER:DELETE    F1:SCREEN HELP    F4:PRIOR SCREEN    F11:FIELD HELP    F12:QUIT
```

Confirmation of Delete screen

Press **ENTER** to delete or **F4** to cancel the deletion and return to the selection list.

Change Your CDIS Password

Password rules:

♦ Must be changed every 90 days

♦ Must be 8 characters long (Your local password security may add additional requirements)

♦ Must contain at least one numeric and one alpha character

♦ Must be used once every 35 days or will be suspended

♦ May not contain double consecutive characters (i.e., ba<u>ll</u> <u>oo</u>n)

♦ May not be similar to your name or common words

♦ Cannot begin with the same letters as months of the year (i.e., <u>*Mar*</u>ble)

♦ May not be similar to previous 6 passwords

♦ Will be suspended if typed incorrectly 3 times

♦ Can only be changed once in a 24-hour period

Pursuant to the security mandates required by the Federal Privacy Act of 1974 5 U.S.C. 552a, Public Law 100-235 and DoDI 5200-28, it is your responsibility to keep your ID and password confidential and insure that no other person has access to the CDIS data through use of your ID and password. If you suspect someone has your password, please change it as soon as possible. **Sharing or in any way disclosing your CDIS password is a violation of the law.**

If you forget your password or it is suspended, please call the Help Desk at 1-800-600-9332 (CONUS) or 1-800-981-5339 (OCONUS). Follow the phone menu instructions for CDIS support (currently [at 11/01], select Option 8 for EI/DS Support, then Option 4for CDIS support). If your login is deleted for lack of use, you will be required to submit a new Form 41.

> *Note:* In compliance with DoD/Health Affairs standards, we recommend a password that incorporates at least one capital letter and one number.

CDIS Express
User Tip Guide

Ver. 1.1
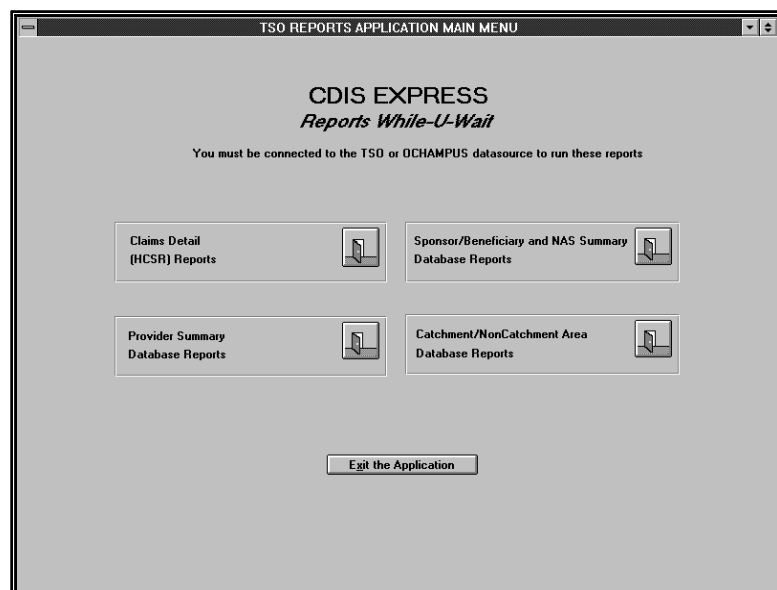
What Is CDIS Express?

CDIS Express (CDISXPRS) is an application developed using Computer Associate's Visual Express software. It is designed to help you query TRICARE data using predefined reports. You can generate reports based on HCSRs you have extracted, provider, sponsor/beneficiary, and NAS summary data, or the Defense Medical Information System (DMIS) zip code assignments. Reports can be viewed online or printed.

CDISXPRS must be installed after CA-Visual Express has been installed on your PC. Your system personnel will install and test the installations for you when they receive the software packages.

Run CDIS Express

1. Select **Visual Express** from the **Start/Programs** menu on the desktop or double-click the **Visual Express** icon on the desktop.

2. Click **OK** at the **Logon to SQL Base** window.

3. At the **CA-IDMS DriverConnect** dialog box, type your **CDIS User Id**.

4. **TAB** to **Password** and type your password.

5. From the **File** drop down menu, choose **Run Query** or press the **F5** key.

6. Select **CDISXPRS.QBE** from the directory **C:\CAVX\CDISXPRS**.

7. The **Main Menu** appears.
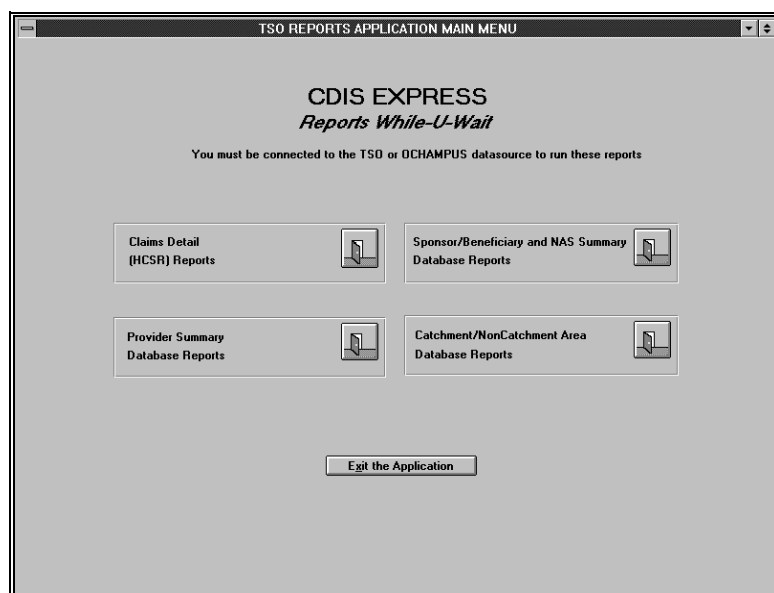
CDIS Express Reports main menu

Claims Detail (HCSR) Reports

1. Create the extracts from CDIS (CDIS extracts will only remain available for seven days).

2. Click on the **Claims Detail (HCSR) Reports** button from the Main Menu.

3. Click on the **Button** for the report you wish to run.

4. Enter the **Request ID** (CDIS extract file name) *in all capital letters* and tab to the next parameter field.

5. Enter the values for the report input parameters.

6. Click on the **Preview** button or on the **Print** button.
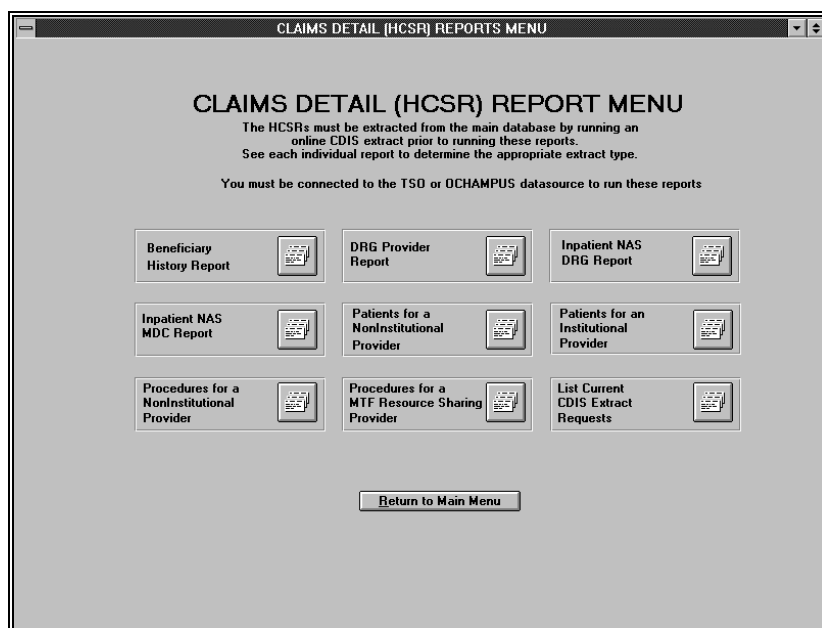
Claims Detail (HCSR) Reports Menu

The table on the next page describes the reports available on the **Claims Detail (HCSR) Reports** screen.

Report	Average Run Time	Description
Beneficiary History Report	< 2 min.	You must run a CDIS extract by Sponsor or Beneficiary prior to running this report. The input parameter to this report is Request Id (the CDIS extract file name). The report lists claims data for the beneficiary, sorted by date of care, from the most recent date back. The claims data includes CPT-4 code, principal dx code, and the first two secondary dx codes.
DRG Provider Report	< 5 min.	You must run a CDIS extract by Institutional Provider prior to running this report. The input parameters to this report are an MTF Code and Fiscal Year. The report lists summary claims and payments data for all contracted non-institutional providers for the specified MTF area and fiscal year. The providers are sorted in ascending order by specialty code, and then in descending order by amount paid. The report also includes specialty code subtotals, and report totals.
Inpatient NAS DRG Report	< 5 min.	You must run a CDIS extract by NAS prior to running this report. The input parameters to this report are a Request Id (the CDIS extract file name), MTF Code, and Care End Fiscal Year. The report summarizes claim payments by principal diagnosis code within DRG code for the specified request, MTF, and fiscal year. The data is presented in ascending order by DRG. The report also includes DRG subtotals and report totals.
Inpatient NAS MDC Report	< 5 min.	You must run a CDIS extract by NAS prior to running this report. The input parameters to this report are a Request Id (the CDIS extract filename), MTF code, and Care End Fiscal Year. The report summarizes claims payments by principal diagnosis code, within DRG code, within MDC code, for the specified request, MTF, and fiscal year. The data is presented in ascending order by MDC, then DRG, and then principal diagnosis code. The report also includes MDC subtotals and report totals.
Patients for a Noninstitutional Provider	< 2 min.	You must run a CDIS extract by Provider prior to running this report. The input parameter to this report is a Request Id (the CDIS extract file name). The report lists patient data, including each HCSR procedure code, principal diagnosis code, and first 2 secondary dx codes, for the provider for the specified request. It is sorted by date of care, from the most recent date back, within provider name.
Patients for an Institutional Provider	< 2 min.	You must run a CDIS extract by Provider prior to running this report. The input parameter to this report is the Request Id (the CDIS extract file name). The report lists all beneficiary episodes of care, from the most recent care begin date, back. Beneficiary care data includes ops code, diagnosis codes, MDC, DRG, and HCSR numbers.
Procedures for a Noninstitutional Provider	< 2 min.	You must run a CDIS extract by Provider prior to running this report. The input parameter to this report is a Request Id (the CDIS extract file name) and Care End Fiscal Year. This report lists the procedures performed by the provider. The report summarizes amounts billed and allowed by procedure, services and visits.
Procedures for a MTF Resource Sharing Provider	< 2 min.	You must run a CDIS extract by Provider prior to running this report. The input parameter to this report is a Request Id (the CDIS extract file name) and Care End Fiscal Year. This report lists the procedures performed by a resource sharing provider. The report summarizes amounts billed and allowed by procedure, services and visits. The at-risk code is included.
List Current CDIS Extract Request	< 2 min.	This report lists all the extract requests that the user has available. Included fields are the request ID, date and time requested and the number of HCSRs for each request. No input parameter is necessary.

Provider Summary Database Reports

1. From the main menu, click on the **Provider Summary Database Reports** button.

2. Click on the appropriate report button and enter values for the report's input parameters.

3. Click on the **Preview** button to preview the report.

4. Click on the **Print** button to print the report.
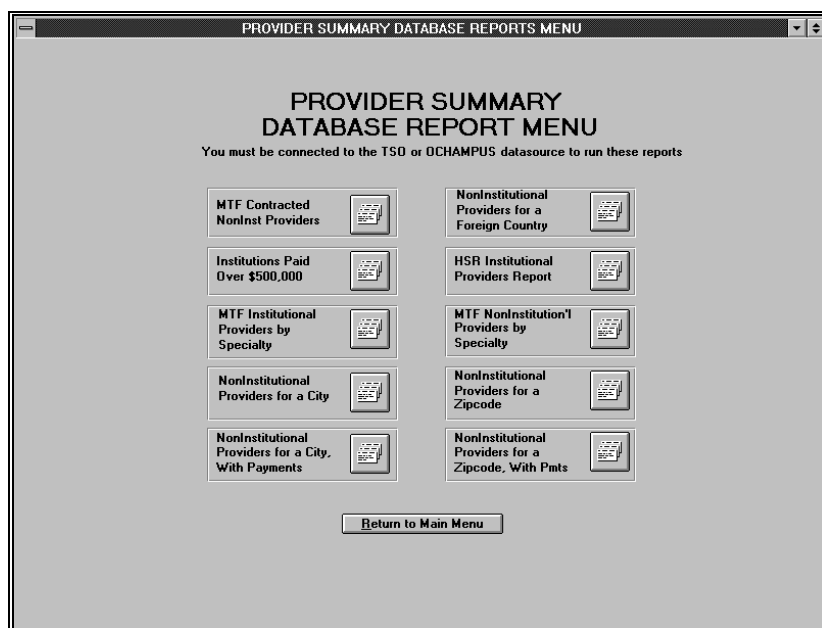
Provider Summary Database Reports Menu

The table on the following page describes the reports available on the **Provider Summary Database Reports** screen.

Report	Average Run Time	Description
MTF Contracted NonInstitutional Providers	< 10 min.	The input parameters are an MTF Code and Fiscal Year. The report lists summary claims and payment data for all contracted non-institutional providers for the specified MTF area and fiscal year. The providers are sorted in ascending order by specialty code, and then in descending order by amount paid. The report includes specialty code subtotals, and report totals.
NonInstitutional Providers for a Foreign Country	< 10 min.	The input parameters are a Foreign Country Code and a Fiscal Year. The report lists summary claims and payments data for all non-institutional providers for the specified country and fiscal year. The providers are sorted in ascending order by specialty code, and then in descending order by amount paid. The report includes specialty code subtotals and report totals.
Institutions Paid Over $500,000	< 10 min.	The input parameters are Type of Institution Code and Fiscal Year. This report lists all providers of the specified institution type which were paid more than $500,000 in the specified year. They are ranked in descending order by amount paid, within state code. The report includes totals by state.
HSR Institutional Providers Report	< 10 min.	The input parameters are a Health Service Region Code, Type of Institution Code, and Fiscal Year. The report lists summary claims and payments data for all institutional providers for the specified HSR and institution type. They are ranked in descending order by amount paid, within state code. The report includes totals by state, and report totals.
MTF Institutional Providers by Specialty	< 10 min.	The input parameters are an MTF code and Fiscal Year. The report lists claims and payments for all institutional providers in the specified MTF catchment area and fiscal year. The data is sorted in descending order by amount paid, within type of institution. The report includes type of institution subtotals and report totals.
MTF NonInstitutional Providers by Specialty	< 5 min.	Input is MTF DMIS code (3 digits) and Fiscal Year. The report lists summary claims and payments for all non-institutional providers within the specified MTF catchment area and fiscal year. The data is presented in descending order by amount paid, within specialty code. The report includes specialty code subtotals and report totals.
NonInstitutional Providers for a City	< 5 min.	The input parameters are City Name, State Postal Code, and Fiscal Year. The report lists claims for all non-institutional providers for the specified city, state, and year. The data is listed in ascending order by provider name, within specialty code. The report includes specialty code subtotals and report totals.
NonInstitutional Providers for a Zipcode	< 2 min.	The input parameters are Zip Code and Fiscal Year. The report lists claims for all non-institutional providers in the specified zip code and year. The data is ranked in ascending order by provider name, within specialty code. The report includes specialty code subtotals and report totals.
NonInstitutional Providers for a City, With Payments	< 5 min.	The input parameters are City Name, State Postal Code, and Fiscal Year. The report lists claims and payments for all non-institutional providers for the specified city, state, and year. The data is presented in ascending order by provider name, within specialty code. The report includes specialty code subtotals and report totals.
NonInstitutional Providers for a Zipcode, With Payments	< 2 min.	The input parameters are a Zip Code and Fiscal Year. The report lists all claims and payments for non-institutional providers in the specified zip code and year. The data is sorted in ascending order by provider name, within specialty code. The report includes specialty code subtotals and report totals.

NAS and Sponsor/Beneficiary Summary Database Reports

1. From the main menu, click on the **NAS and Sponsor/Beneficiary** report button.

2. Click on the **Report** button you want to run.

3. Click on the **Preview** button to preview the report.

4. Click on the **Print** button to print the report.
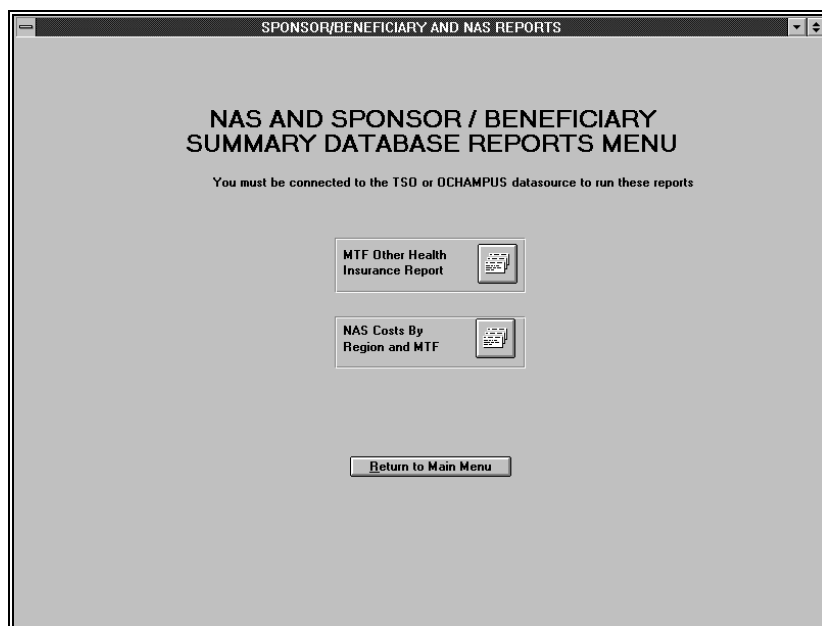
NAS and Sponsor/Beneficiary Summary Database Reports Menu

The table below describes the reports available on the **NAS and Sponsor/Beneficiary** screen.

Report	Average Run Time	Description
MTF Other Health Insurance Report	> 30 min.	The input parameters are MTF code and Fiscal Year. The report lists alphabetically those beneficiaries, in the specified MTF and fiscal year, where at least one HCSR shows that Other Health Insurance paid. Data is sorted in ascending order by beneficiary name.
NAS Costs by Region & MTF	< 2 min.	The input parameter is a Fiscal Year. The report summarizes NAS costs for each MTF within the Health Service Regions for the specified fiscal year. The data is presented in descending order by amount paid to the MTFs within each region. The report includes region subtotals and report totals.

Catchment/Non-Catchment Area Database Reports

These reports run using the **CIVIEW.MTF** and **CIVIEW.MTF_ZIP** data views.

1. From the main menu, click on the **Catchment/NonCatchment Area Database Reports** button.

2. Click the appropriate button to select a report and enter values for the report's input parameters.

3. Click on the **Preview** button to preview the report.

4. Click on the **Print** button to print the report.
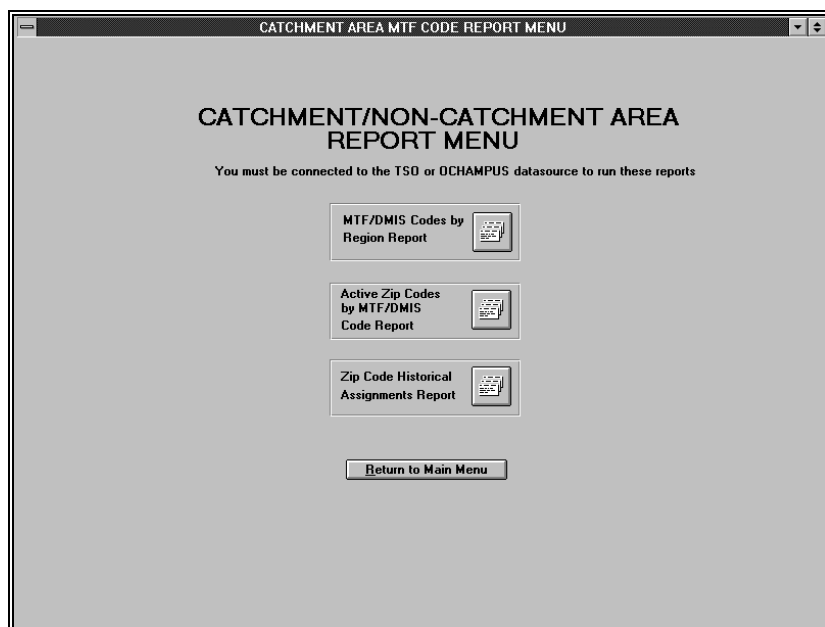
Catchment/Non-Catchment Area Report Menu

Report	Average Run Time	Description
MTF/DMIS Codes by Region Report	< 1 min.	The input parameter to this report is the 2-digit numerical Health Service Region Code. The report lists all of the DMIS areas for the region. Fields included are DMIS code, name, zip code and area type.
Active Zip Codes by MTF/DMIS Code Report	< 2 min.	The input parameter to this report is the 3-digit (leading zero eliminated) DMIS Code. The report lists all of the active five-digit zip codes for the DMIS selected. The zip code distance, status and effective date are included.
Zip Code Historical Assignments Report	< 1 min.	The input parameter to this report is a 5-digit zip code. The report lists the historical assignments of the zip code to DMIS areas with descending term dates.

Database Views

TRICARE Databases

TRICARE has a variety of CDIS databases available for access through Visual Express. These databases are all based on TRICARE Health Care Service Records (HCSR), Health Care Provider Records (HCPR), or DMIS Area Zip Code Records. One database contains the HCSR records. Three databases contain summarized HCSR cost and workload data by provider, sponsor/beneficiary, and issuing Military Treatment Facility Non-Availability Statement (NAS)/Care Authorization number. The last database contains the current and historical zip code assignments to DMIS Area types for all Health Service Regions, Puerto Rico and Alaska.

HCSR Database

The HCSR database contains the Health Care Service Records (HCSRs). Each HCSR contains information about one beneficiary care encounter (one beneficiary and one provider). There can be more than one HCSR for a single TRICARE claim. A HCSR is either identified as Institutional or Non-institutional, depending on the type of care being reported.

There are five tables in the HCSR database:

COMMON   Contains data that is common to both types of HCSRs (institutional and non-institutional), such as claim number, contractor number, sponsor, patient, and provider information, and total cost/workload information for the HCSR.

INST   Contains non-repeating data that is common for all Institutional HCSRs, such as type of institution, admission data, and operation/non-surgical procedure codes. Most of this data is reported directly from the UB-92 standard institutional claim form.

REVNUE   Contains line item information for an Institutional HCSR, such as revenue code and charges by revenue code, which are reported on the UB-92 standard institutional claim form.

NINST   Contains non-repeating data that is common for all Non-institutional HCSRs, such as provider specialty code and TRICARE pricing locality number (CMAC number). Much of this data is derived from the claims processor's actions.

UTLZTN   Contains line item information for a Non-institutional HCSR, such as category of care, procedure code, and amounts billed and allowed. Most of this data is reported directly from the HCFA-1500 claim form or physician's bill.

An **Institutional** HCSR will contain one **COMMON**, one **INST**, and one or more **REVNUE** records.

A **Non-institutional** HCSR will contain one **COMMON**, one **NINST**, and <u>one or more</u> **UTLZTN** records.

Summary Databases

There are three databases that summarize HCSR cost and workload data. Data is summarized to the fiscal year level. These databases contain current information. As claims are processed, the data is immediately rolled up to each of the summary databases. They are:

PROVIDER　　　　Contains summarized cost and workload data for every TRICARE provider. There is one database entry for each unique combination of provider id, sub id, zip code, and specialty code. Each provider entry will have one summary record for each specialty or type of institution code, and for each fiscal year for which claims were paid.

SPONSOR/BENE　Contains summarized cost and workload data for every TRICARE beneficiary and history of the sponsor's changes in status, branch of service, etc. There is one database entry for each sponsor, and one entry for each of the sponsor's beneficiaries (patient). Each patient entry will have one summary record for each unique combination of fiscal year, HSR, DMIS, zip code and enrollment code.

NAS　　　　　　Contains summarized NAS/Care Authorization cost and workload data for every MTF code (catchment area). There is one database entry for each MTF code. Each MTF code entry will have one summary record for each fiscal year for which NAS claims were paid.

DMIS Area Zipcode Database

This database contains the current and historical DMIS assignments by 5-digit zip codes. The data is updated on a regular basis, usually monthly, based on Vector Research Catchment Area Directory releases. All the active and historical zip code assignments, effective and termination dates are maintained for each DMIS area. The termination date of 99999 represents an active zip code for the DMIS area. The database contains the following DMIS area types:

Area	*Type*
1	Non-Catchment Area
2	Catchment
3	BRAC
4	STS

▤　*Note:* BRAC and STS data may be updated less frequently than the Catchment/Non-Catchment.

TRICARE Database Views

A view is an alternative way of looking at the data in one or more database tables. A view is derived from one or more real tables, called base or underlying tables, whose data is physically stored in the database. A view looks exactly like a database table. Results are displayed to you as rows and columns. You can display and use a view almost exactly as you can with any other table.

When you are accessing TRICARE data through Visual Express, you will be using views, rather than using the base tables directly. The views were designed to enable you to access the TRICARE databases as easily as possible. The views pre-define table joins in order to optimize the way data is retrieved in your queries. You do not need to memorize all of the rules for joining the database tables yourself. In addition, the HCSR views limit you to accessing only that data which you extracted from the HCSR database (your CDIS extracts).

Due to the size of the TRICARE databases, and to the fact that the views already pre-join tables for you, you should ***never join two views together in a single query***. The results will be unpredictable, and your query could cause the system to fail.

HCSR Database Views

You must run a CDIS extract prior to running a query with any of the HCSR database views.

CIVIEW.HCSR_FULL This view is almost identical to the **CIVIEW.HCSR_FULL2** view, except that it also includes the provider name from the provider summary database. You should use this view when you want to look at both institutional and non-institutional claims data, and you also need the provider name. If you do not need the provider name, you should use view **CIVIEW.HCSR_FULL2**.

CIVIEW.HCSR_FULL2 This view contains all of the data elements from the HCSR database. You should use this view when you want to look at both institutional and non-institutional claims data. This view is the quickest way to get all claims data.

CIVIEW.HCSR_INSTDTL This view contains line item information for an institutional HCSR, such as revenue code and charges by revenue code. You should use this view if you are only interested in line item data for an institutional HCSR.

CIVIEW.HCSR_INSTFULL This view contains all of the Institutional data elements from the HCSR database. You should use this view when you are only interested in institutional data.

CIVIEW.HCSR_INSTHDR	This view contains all of the common HCSR data and non-repeating data common for all institutional HCSRs. You should use this view when you are only interested in common institutional data.
CIVIEW.HCSR_NINSDTL	This view contains line item information for a non-institutional HCSR, such as category of care, procedure code, and line item billed and allowed. You should use this view if you are only interested in data for non-institutional data.
CIVIEW.HCSR_NINSFULL	This view contains all of the non-institutional data elements from the HCSR database. You should use this view when you are only interested in non-institutional data.
CIVIEW.HCSR_NINSHDR	This view contains all of the common HCSR data and non-repeating data that is common for all non-institutional HCSRs. You should use this view when you are only interested in common non-institutional data.
CIVIEW.RQSTLIST	This view contains the data associated with identifying CDIS extracts that have been downloaded. This view is the quickest way to identify extracts.

Data Calculations Using HCSR Database Views

To access the extract file that you created on the mainframe using CDIS, you use Visual Express and one of the HCSR database views. These views pre-define the correct table relationships between one or more of the five tables in the HCSR database defined on page 37. Note that the COMMON, INST and NINST tables contain a single row of data for each unique HCSR. The REVNUE (related to institutional claims) and UTLZTN (related to non-institutional claims) tables contain line item data by revenue or procedure code, respectively. Due to the table relationships that are created in the CIVIEW.HCSR_FULL or CIVIEW.HCSR_FULL2 views, a record (or row) is created each time a new procedure or revenue code is encountered on the HCSR. The result is that the information from the COMMON table and NINST table is repeated for each record as indicated in the example below. A single HCSR with four line item procedure codes in the UTLZTNL table will return four separate records.

Non-Institutional Records

To summarize or total data, you need to decide if you want to analyze data from the non-repeating tables (COMMON and NINST) or the line item (UTLZTN) table.

Summing information from the UTLZTNL table such as line item allowed or line item billed by procedure code will give you accurate costing data. Summing the COMMON table elements such as the Amount Paid Government, Amount Billed or Amount Allowed without eliminating the repeated records, however, will produce elevated and inaccurate results as demonstrated in the example below.

First Screen of HCSR Detail in CDIS COMMON Table   **Third Screen of HCSR Detail in CDIS UTLZTN Table**

CLAIM	AMT_BILLED	AMT_ALWD	AMT_PAID	OCC_CT	PRI_PROC_F	PROC_CD	LI_BILLED	LI_ALWD
200003806251	665.00	311.28	249.02	1	0	99221	180.00	57.39
200003806251	665.00	311.28	249.02	2	1	90817	300.00	165.00
200003806251	665.00	311.28	249.02	3	0	90862	95.00	45.00
200003806251	665.00	311.28	249.02	4	0	99232	90.00	43.89
	2660.00	1245.12	996.08				665.00	311.28

To correctly summarize the data from the COMMON table and NINST table, set a query condition where OCC_CT = 1. This will return only the first record (row) on the HCSR. The OCC_CT field exists on every HCSR record.

Non-institutional records contain a primary procedure flag (PRI_PROC_FL) field that can also be used to eliminate repeating values. A query condition of PRI_PROC_FL = 1 will return a single row for the HCSR, however it will select the row containing the primary procedure code, rather than randomly selecting the first record.

Institutional Records

To correctly summarize the data from the COMMON table and INST table, set a query condition where OCC_CT = 1. This will return only the first record [row] on the HCSR. The OCC-CT = 1 field always populates 1 in the first revenue code line item which is always the total of all revenue charges on that HCSR. Note that REV_CD 001 is always the total of all charges.

First Screen of HCSR Detail in CDIS COMMON Table   **Third Screen of HCSR Detail in CDIS REVNUE Table**

CLAIM	AMT_BILLED	AMT_ALWD	AMT_PAID	PRIN_DX	DXS1	OCC_CT	REV_CD	REV_CHG
20001020614052114267A	6462.19	1630.48	850.48	650	V270	1	001	6,462.19
20001020614052114267A	6462.19	1630.48	850.48	650	V270	2	122	2,200.00
20001020614052114267A	6462.19	1630.48	850.48	650	V270	3	250	394.75
20001020614052114267A	6462.19	1630.48	850.48	650	V270	4	270	344.00
20001020614052114267A	6462.19	1630.48	850.48	650	V270	5	300	554.44
20001020614052114267A	6462.19	1630.48	850.48	650	V270	6	720	213.00
20001020614052114267A	6462.19	1630.48	850.48	650	V270	7	721	1,223.00
20001020614052114267A	6462.19	1630.48	850.48	650	V270	8	722	1,533.00

Base HCSR Table Views

The following table views are provided for advanced users who want to work with the base tables. No joins to other tables have been performed in creating these views.

CIVIEW.TBL_COMMON	This view contains data that is common to both types of HCSRs (institutional and non-institutional), such as claim number, contractor number, sponsor, patient, and provider information, and total cost/workload information for the HCSR. You should use this view when you are only interested in common data.
CIVIEW.TBL_INST	This view contains non-repeating data that is common for all institutional HCSRs, such as type of institution, admission data, and operation/non-surgical procedure codes. Most of this data is reported directly from the UB-92 standard institutional claim form. You should use this view when you are only interested in non-repeating institutional data.
CIVIEW.TBL_REVNUE	This view contains line item information for an Institutional HCSR, such as revenue code and charges by revenue code, which are reported on the UB-92 standard institutional claim form. You should use this view when you are only interested in detail line item data from the institutional HCSRs.
CIVIEW.TBL_NINST	This view contains non-repeating data that is common for all non-institutional HCSRs, such as provider specialty code and TRICARE pricing locality number (CMAC number). Much of this data is derived from the claims processor's actions. You should use this view when you are only interested in non-repeating common non-institutional data.
CIVIEW.TBL_UTLZTN	This view contains line item information for a non-institutional HCSR, such as category of care, procedure code, and amounts billed and allowed. Most of this data is reported directly from the HCFA-1500 claim form or physician's bill. You should use this view when you are only interested in detail line data from non-institutional HCSRs.

Summary Database Views

You can run queries directly against the summary databases using the views described below. You do not need to run a CDIS extract prior to querying the summary databases.

CIVIEW.SUM_PROV	This view contains all of the data elements from the Provider Summary database. You should use this view when you want to run reports on summary provider cost/workload data. For example, you can run reports on a specific provider, or on providers in a given region, MTF, state, city, or zip code, or on providers with a specific specialty code or type of institution code.
CIVIEW.SUM_BENE	This view contains all beneficiary cost data and the sponsor SSAN from the Sponsor/Beneficiary Summary database. It does not include any historical sponsor information. This view is the quickest way to retrieve beneficiary data when you do not need sponsor, branch of service, status, etc. For example, you can run reports on sponsor SSAN or beneficiary, or on beneficiaries in a specific region, MTF, zip code or enrollment code.
CIVIEW.SUM_SPON_BENE	This view contains *all* of the data elements from the Sponsor/Beneficiary Summary database, including beneficiary cost and sponsor history. You should use this view only when you want to include sponsor data. This view is more time-consuming to run and includes duplicate data. For example, you can run reports on sponsor or beneficiary in a specific region, MTF, zip code or enrollment code.
CIVIEW.SUM_NAS	This view contains all of the data elements from the NAS Summary database. You should use this view when you want to run reports on summary NAS or Care Authorization cost/workload data. For example: reports on all NAS claims within a given region or MTF code.

DMIS Area Zipcode Views

You can run queries directly against the database using the views described below. You do not need to run a CDIS extract prior to querying the database.

CIVIEW.MTF	This view contains all of the data elements pertaining to a DMIS area. You should use this view when you want to run reports on DMIS area information.

CIVIEW.MTFZIP   This view contains all of the data elements associated with assigning 5-digit zip codes to DMIS areas and Health Service regions. You should use this view when you want to report on all active and historical zip code assignments to DMIS areas.

Data Dictionary

To access the data dictionary:

- In CDIS, tab to the desired field and press **F11**;

or

1. Go to the TRICARE home page at **www.tricare.osd.mil**

2. Select **Data Dictionary** from the **A-to-Z Site List** drop-down list and click **GO**.

3. Click the blue hyperlink on the **Data Dictionary** page to display a list of data elements.

4. Use the drop-down box to select and display the data element definition.

Some columns are marked with a symbol after the data element name to describe special circumstances:

- Columns with a (T) designation are special table items, and are not in the data dictionary.

- Columns with an (I) designation will only contain data in rows containing institutional HCSRs.

- Columns with an (N) designation will only contain data in rows containing non-institutional HCSRs.

Views That Require Extracts (HCSR Views)

On the following pages, there is a detailed description of each of the TRICARE views. After each view description is a listing of the columns in the view. The column name is followed by the name of the data element as it appears in the data dictionary. You can look up the data elements in the data dictionary in order to get a more detailed description of each element.

CIVIEW.HCSR_FULL

This view contains all of the data elements (columns) from the HCSR database. It is almost identical to the **CIVIEW.HCSR_FULL2** view, except that it also includes the provider name from the provider summary database. You should use the **HCSR_FULL** view when you want to look at both institutional and non-institutional claims data, and

you also need the provider name. If you do not need the provider name, you should use view **CIVIEW.HCSR_FULL2**, since that view will run much more quickly.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the REQUEST column. A query with no additional selection criteria will return one row for each revenue line item for each institutional HCSR, and one row for each utilization line item for each non-institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
REC_TYPE	RECORD TYPE INDICATOR
CLAIM_TYPE	PROGRAM INDICATOR
PTC_DT	DATE HCSR PROCESSED TO COMPLETION
ADJ_DT	DATE ADJUSTMENT IDENTIFIED
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER
GRADE	SPONSOR PAY GRADE
BOS	SPONSOR BRANCH OF SERVICE
STATUS	SPONSOR STATUS
REL	PATIENT RELATIONSHIP TO SPONSOR
PATIENT	PATIENT NAME
PAT_SSN	PATIENT SSN
PAT_DOB	PATIENT DATE OF BIRTH
DDS	DEERS DEPENDENT SUFFIX
SEX	PATIENT SEX
PATZIP	PATIENT ZIP CODE (POS 1-5)
ENRL	ENROLLMENT STATUS
NAS_NO	NONAVAILABILITY STATEMENT NUMBER
RPP	REASON FOR PAYMENT PENALTY
AMT_BILLED	AMOUNT BILLED
AMT_ALWD	AMOUNT ALLOWED
OHI	AMOUNT OTHER HEALTH INSURANCE
TPL	AMOUNT THIRD PARTY LIABILITY
AMT_PP	AMOUNT PAYMENT PENALTY
COINS	PATIENT COINSURANCE
COPAY	PATIENT COPAYMENT
AMT_PAID	AMOUNT PAID/GOVERNMENT CONTRACTOR
OVR	OVERRIDE CODE
HCSR_SUB	TYPE OF SUBMISSION
NXR	NAS EXCEPTION REASON
PLAN	HEALTH CARE PLAN CODE
ICD	DIAGNOSIS EDITION IDENTIFIER
ADJ_CD	REASON FOR ADJUSTMENT
SPC	SPECIAL PROCESSING CODE
SP_RT	SPECIAL RATE CODE

COLUMN NAME	DATA ELEMENT
DIS_PCT	DISCOUNT AGREEMENT PERCENTAGE
AFF	PROVIDER CONTRACT AFFILIATION CODE
ST_CNTRY	PROVIDER STATE OR COUNTRY CODE
POSTAL_ST	PROVIDED POSTAL STATE
ST_CNTRY_NAME	PROVIDER STATE OR COUNTRY CODE NAME
PROVIDER_ID	PROVIDER TAXPAYER NUMBER
SUBID	PROVIDER SUB-IDENTIFIER
PROVIDER_NAME	PROVIDER NAME
PROVZIP	PROVIDER ZIP CODE (POS 1 - 5)
PART	PROVIDER PARTICIPATION INDICATOR
PRIN_DX	PRINCIPAL TREATMENT DIAGNOSIS
DXS1	SECONDARY TREATMENT DIAGNOSIS-1
DXS2	SECONDARY TREATMENT DIAGNOSIS-2
DXS3	SECONDARY TREATMENT DIAGNOSIS-3
DXS4	SECONDARY TREATMENT DIAGNOSIS-4
DXS5	SECONDARY TREATMENT DIAGNOSIS-5
DXS6	SECONDARY TREATMENT DIAGNOSIS-6
DXS7	SECONDARY TREATMENT DIAGNOSIS-7
DXS8	SECONDARY TREATMENT DIAGNOSIS-8
CONTRACT	CONTRACT NUMBER
BATCH_DT	BATCH DATE
BATCH_SEQ	BATCH SEQUENCE NUMBER
BATCH_RESUB	BATCH RESUBMISSION NUMBER
VOUCHER	VOUCHER NUMBER
VOUCH_RESUB	VOUCHER RESUBMISSION NUMBER
V_NOTICE_DT	VOUCHER NOTICE DATE
V_CREATE_DT	VOUCHER PROCESSING DATE
PATPAY	TOTAL PATIENT PAY
MTF	MILITARY TREATMENT FACILITY/AREA CODE
MBOS	MTF OR OTHER AREA BRANCH OF SERVICE
BMTF	BILLABLE MTF CODE
BBOS	BILLABLE BRANCH OF SERVICE
AGE	PATIENT AGE
CARE_FY	ENDING DATE OF CARE FISCAL YEAR
CYCLE	CYCLE NUMBER
H_ACC_DT	RECORD ACCEPTANCE DATE
CLM_CT	CLAIM COUNT CODE
B_CLM_CT	BENEFIT CLAIM COUNT CODE
A_CLM_CT	ADMINISTRATIVE CLAIM COUNT CODE
SRHC	SOURCE OF HEALTH CARE DATA
RPM_CD	TYPE OF NET RECORD
DEPT	HOSPITAL DEPARTMENT NUMBER
MDC	MAJOR DIAGNOSTIC CATEGORY
DMDC	TRICARE DERIVED MAJOR DIAGNOSTIC CATGRY.
RFI	REASON FOR ISSUANCE (NAS)
FORM	CLAIM FORM TYPE
HSR	HEALTH SERVICE REGION CODE
B_CAT	BENEFICIARY CATEGORY
SPEC_CD	TYPE OF INSTITUTION CODE OR PROVIDER'S MAJOR SPECIALTY CODE
SPEC	TYPE OF INSTITUTION (I)* OR PROVIDER'S MAJOR SPECIALTY (N)**
CARE_BEG	INSTITUTIONAL BEGIN DATE OF CARE (I) OR NONINSTITUTIONAL BEGIN DATE OF CARE (N)

COLUMN NAME	DATA ELEMENT
CARE_END	INSTITUTIONAL END DATE OF CARE (I) OR NONINSTITUTIONAL END DATE OF CARE (N)
CATCARE	CATEGORY OF CARE
RDNL	DENIAL REASON CODE
OCC_CT	DETAIL OCCURRENCE COUNT
AMT_DEDUCT	AMOUNT APPLIED TOWARD DEDUCTIBLE (N)
CARE_CT	UTILIZATION DATA OCCURRENCE COUNT (N)
DED	DEDUCTIBLE FLAG (N)
CMAC_NBR	TRICARE PRICING LOCALITY NUMBER (N)
PROC_CD	PROCEDURE CODE (N)
PROC_TXT	PROCEDURE TEXT IDENTIFIER (N)
SVCS	NUMBER OF SERVICES (N)
LI_BILLED	TOTAL CHARGES BY PROCEDURE CODE (N)
LI_ALWD	AMOUNT ALLOWED BY PROCEDURE CODE (N)
PRICE_CD	PRICING CODE (N)
POS	PLACE OF SERVICE (N)
TOS	TYPE OF SERVICE (N)
PRICE_YR	PRICING PROFILE YEAR (N)
MODIFR	CPT-4 MODIFIER (N)
VISITS	NUMBER OF VISIT (N)
PRI_PROC_FL	PRIMARY PROCEDURE FLAG (N)
ADMT_DT	ADMISSION DATE (I)
BILL_STATS	BILLING CLASSSIFICATION CODE (I)
BILL_FREQ	BILL FREQUENCY CODE (I)
ADMT_TYP	ADMISSION TYPE (I)
ADMT_SRC	ADMISSION SOURCE (I)
PATDISP	DISCHARGE STATUS (I)
BIRTHS	NUMBER OF BIRTHS (I)
TOT_DAYS	TOTAL BED DAYS (I)
ALWD_DAYS	NAS NUMBER OF HOSPITAL DAYS ALLOWED (I)
ADMT_DX	ADMISSION DIAGNOSIS (I)
ICDI	DIAGNOSIS EDITION IDENTIFIER (I)
PRINOP	PRINCIPAL OP/NONSURGICAL PROC CODE (I)
OPS1	SECONDARY OP/NONSURGICAL CODE-1 (I)
OPS2	SECONDARY OP/NONSURGICAL CODE-2 (I)
OPS3	SECONDARY OP/NONSURGICAL CODE-3 (I)
OPS4	SECONDARY OP/NONSURGICAL CODE-4 (I)
OPS5	SECONDARY OP/NONSURGICAL CODE-5 (I)
DRG	DRG NUMBER (I)
DRG_GR	DRG GROUPER EDITION (I)
DRG_PR	DRG PRICER EDITION (I)
ADMT_CT	ADMISSION COUNT CODE (I)
REV_CT	REVENUE DATA OCCURRENCE COUNT (I)
REV_CD	REVENUE CODE (I)
REV_SVCS	UNITS OF SERVICES BY REVENUE CODE (I)
REV_CHG	TOTAL CHARGE BY REVENUE CODE (I)
ENRL_DMISID	DMIS CODE AUTHORIZING
ALWD_OHI	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE
RDCTN_DA	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES
DDRG	DIAGNOSIS RELATED GROUP DERIVED CODE(I)

*   Columns with an (I) designation will only contain data in rows containing institutional HCSRs.

**   Columns with an (N) designation will only contain data in rows containing non-institutional HCSRs.

CIVIEW.HCSR_FULL2

This view contains all of the data elements (columns) from the HCSR database. You should use this view when you want to look at both institutional and non-institutional claims data. This view is the quickest way to get all claims data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the REQUEST column. A query with no additional selection criteria will return one row for each revenue line item for each institutional HCSR, and one row for each utilization line item for each non-institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
REC_TYPE	RECORD TYPE INDICATOR
CLAIM_TYPE	PROGRAM INDICATOR
PTC_DT	DATE HCSR PROCESSED TO COMPLETION
ADJ_DT	DATE ADJUSTMENT IDENTIFIED
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER
GRADE	SPONSOR PAY GRADE
BOS	SPONSOR BRANCH OF SERVICE
STATUS	SPONSOR STATUS
REL	PATIENT RELATIONSHIP TO SPONSOR
PATIENT	PATIENT NAME
PAT_SSN	PATIENT SSN
PAT_DOB	PATIENT DATE OF BIRTH
DDS	DEERS DEPENDENT SUFFIX
SEX	PATIENT SEX
PATZIP	PATIENT ZIP CODE (POS 1-5)
ENRL	ENROLLMENT STATUS
NAS_NO	NONAVAILABILITY STATEMENT NUMBER
RPP	REASON FOR PAYMENT PENALTY
AMT_BILLED	AMOUNT BILLED
AMT_ALWD	AMOUNT ALLOWED
OHI	AMOUNT OTHER HEALTH INSURANCE
TPL	AMOUNT THIRD PARTY LIABILITY
AMT_PP	AMOUNT PAYMENT PENALTY
COINS	PATIENT COINSURANCE
COPAY	PATIENT COPAYMENT
AMT_PAID	AMOUNT PAID/GOVERNMENT CONTRACTOR
OVR	OVERRIDE CODE
HCSR_SUB	TYPE OF SUBMISSION
NXR	NAS EXCEPTION REASON
PLAN	HEALTH CARE PLAN CODE

COLUMN NAME	DATA ELEMENT
ICD	DIAGNOSIS EDITION IDENTIFIER
ADJ_CD	REASON FOR ADJUSTMENT
SPC	SPECIAL PROCESSING CODE
SP_RT	SPECIAL RATE CODE
DIS_PCT	DISCOUNT AGREEMENT PERCENTAGE
AFF	PROVIDER CONTRACT AFFILIATION CODE
ST_CNTRY	PROVIDER STATE OR COUNTRY CODE
POSTAL_ST	PROVIDED POSTAL STATE
ST_CNTRY_NAME	PROVIDER STATE OR COUNTRY CODE NAME
PROVIDER_ID	PROVIDER TAXPAYER NUMBER
SUBID	PROVIDER SUB-IDENTIFIER
PROVZIP	PROVIDER ZIP CODE (POS 1 - 5)
PART	PROVIDER PARTICIPATION INDICATOR
PRIN_DX	PRINCIPAL TREATMENT DIAGNOSIS
DXS1	SECONDARY TREATMENT DIAGNOSIS-1
DXS2	SECONDARY TREATMENT DIAGNOSIS-2
DXS3	SECONDARY TREATMENT DIAGNOSIS-3
DXS4	SECONDARY TREATMENT DIAGNOSIS-4
DXS5	SECONDARY TREATMENT DIAGNOSIS-5
DXS6	SECONDARY TREATMENT DIAGNOSIS-6
DXS7	SECONDARY TREATMENT DIAGNOSIS-7
DXS8	SECONDARY TREATMENT DIAGNOSIS-8
CONTRACT	CONTRACT NUMBER
BATCH_DT	BATCH DATE
BATCH_SEQ	BATCH SEQUENCE NUMBER
BATCH_RESUB	BATCH RESUBMISSION NUMBER
VOUCHER	VOUCHER NUMBER
VOUCH_RESUB	VOUCHER RESUBMISSION NUMBER
V_NOTICE_DT	VOUCHER NOTICE DATE
V_CREATE_DT	VOUCHER PROCESSING DATE
PATPAY	TOTAL PATIENT PAY
MTF	MILITARY TREATMENT FACILITY/AREA CODE
MBOS	MTF OR OTHER AREA BRANCH OF SERVICE
BMTF	BILLABLE MTF CODE
BBOS	BILLABLE BRANCH OF SERVICE
AGE	PATIENT AGE
CARE_FY	ENDING DATE OF CARE FISCAL YEAR
CYCLE	CYCLE NUMBER
H_ACC_DT	RECORD ACCEPTANCE DATE
CLM_CT	CLAIM COUNT CODE
B_CLM_CT	BENEFIT CLAIM COUNT CODE
A_CLM_CT	ADMINISTRATIVE CLAIM COUNT CODE
SRHC	SOURCE OF HEALTH CARE DATA
RPM_CD	TYPE OF NET RECORD
DEPT	HOSPITAL DEPARTMENT NUMBER
MDC	MAJOR DIAGNOSTIC CATEGORY
DMDC	TRICARE DERIVED MAJOR DIAGNOSTIC CATGRY.
RFI	REASON FOR ISSUANCE (NAS)
FORM	CLAIM FORM TYPE
HSR	HEALTH SERVICE REGION CODE
B_CAT	BENEFICIARY CATEGORY
SPEC_CD	TYPE OF INSTITUTION CODE OR PROVIDER'S MAJOR SPECIALTY CODE

Database Views and HCSR Fields

COLUMN NAME	DATA ELEMENT
SPEC	TYPE OF INSTITUTION (I)* OR PROVIDER'S MAJOR SPECIALTY (N)**
CARE_BEG	INSTITUTIONAL BEGIN DATE OF CARE (I) OR NONINSTITUTIONAL BEGIN DATE OF CARE (N)
CARE_END	INSTITUTIONAL END DATE OF CARE (I) OR NONINSTITUTIONAL END DATE OF CARE (N)
CATCARE	CATEGORY OF CARE
RDNL	DENIAL REASON CODE
OCC_CT	DETAIL OCCURRENCE COUNT
AMT_DEDUCT	AMOUNT APPLIED TOWARD DEDUCTIBLE (N)
CARE_CT	UTILIZATION DATA OCCURRENCE COUNT (N)
DED	DEDUCTIBLE FLAG (N)
CMAC_NBR	TRICARE PRICING LOCALITY NUMBER (N)
PROC_CD	PROCEDURE CODE (N)
PROC_TXT	PROCEDURE TEXT IDENTIFIER (N)
SVCS	NUMBER OF SERVICES (N)
LI_BILLED	TOTAL CHARGES BY PROCEDURE CODE (N)
LI_ALWD	AMOUNT ALLOWED BY PROCEDURE CODE (N)
PRICE_CD	PRICING CODE (N)
POS	PLACE OF SERVICE (N)
TOS	TYPE OF SERVICE (N)
PRICE_YR	PRICING PROFILE YEAR (N)
MODIFR	CPT-4 MODIFIER (N)
VISITS	NUMBER OF VISIT (N)
PRI_PROC_FL	PRIMARY PROCEDURE FLAG (N)
ADMT_DT	ADMISSION DATE (I)
BILL_STATS	BILLING CLASSSIFICATION CODE (I)
BILL_FREQ	BILL FREQUENCY CODE (I)
ADMT_TYP	ADMISSION TYPE (I)
ADMT_SRC	ADMISSION SOURCE (I)
PATDISP	DISCHARGE STATUS (I)
BIRTHS	NUMBER OF BIRTHS (I)
TOT_DAYS	TOTAL BED DAYS (I)
ALWD_DAYS	NAS NUMBER OF HOSPITAL DAYS ALLOWED (I)
ADMT_DX	ADMISSION DIAGNOSIS (I)
ICDI	DIAGNOSIS EDITION IDENTIFIER (I)
PRINOP	PRINCIPAL OP/NONSURGICAL PROC CODE (I)
OPS1	SECONDARY OP/NONSURGICAL CODE-1 (I)
OPS2	SECONDARY OP/NONSURGICAL CODE-2 (I)
OPS3	SECONDARY OP/NONSURGICAL CODE-3 (I)
OPS4	SECONDARY OP/NONSURGICAL CODE-4 (I)
OPS5	SECONDARY OP/NONSURGICAL CODE-5 (I)
DRG	DRG NUMBER (I)
DRG_GR	DRG GROUPER EDITION (I)
DRG_PR	DRG PRICER EDITION (I)
ADMT_CT	ADMISSION COUNT CODE (I)
REV_CT	REVENUE DATA OCCURRENCE COUNT (I)
REV_CD	REVENUE CODE (I)
REV_SVCS	UNITS OF SERVICES BY REVENUE CODE (I)
REV_CHG	TOTAL CHARGE BY REVENUE CODE (I)
ENRL_DMISID	DMIS CODE AUTHORIZING
ALWD_OHI	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE

COLUMN NAME	DATA ELEMENT
RDCTN_DA	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES
DDRG	DIAGNOSIS RELATED GROUP DERIVED CODE (I)

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* Columns with an (I) designation will only contain data in rows containing institutional HCSRs.

** Columns with an (N) designation will only contain data in rows containing non-institutional HCSRs.

CIVIEW.HCSR_INSTDTL

This view contains all of the detail institutional data elements (columns) from the HCSR database. You should use this view when you want to look at only detail data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each revenue line item for each institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
RDNL	DENIAL REASON CODE
OCC_CT	DETAIL OCCURRENCE COUNT
REV_CD	REVENUE CODE
REV_SVCS	UNITS OF SERVICES BY REVENUE CODE
REV_CHG	TOTAL CHARGE BY REVENUE CODE

CIVIEW.HCSR_INSTFULL

This view contains all of the Institutional data elements (columns) from the HCSR database, and the provider name from the provider database. You should use this view when you are only interested in institutional data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each revenue line item for each institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
REC_TYPE	RECORD TYPE INDICATOR
CLAIM_TYPE	PROGRAM INDICATOR
PTC_DT	DATE HCSR PROCESSED TO COMPLETION
ADJ_DT	DATE ADJUSTMENT IDENTIFIED
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER
GRADE	SPONSOR PAY GRADE
BOS	SPONSOR BRANCH OF SERVICE
STATUS	SPONSOR STATUS
REL	PATIENT RELATIONSHIP TO SPONSOR
PATIENT	PATIENT NAME
PAT_SSN	PATIENT SSN
PAT_DOB	PATIENT DATE OF BIRTH
DDS	DEERS DEPENDENT SUFFIX
SEX	PATIENT SEX
PATZIP	PATIENT ZIP CODE (POS 1-5)
ENRL	ENROLLMENT STATUS
NAS_NO	NONAVAILABILITY STATEMENT NUMBER
RPP	REASON FOR PAYMENT PENALTY
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AMT_ALWD	AMOUNT ALLOWED
OHI	AMOUNT OTHER HEALTH INSURANCE
TPL	AMOUNT THIRD PARTY LIABILITY
AMT_PP	AMOUNT PAYMENT PENALTY
COINS	PATIENT COINSURANCE
COPAY	PATIENT COPAYMENT
AMT_PAID	AMOUNT PAID/GOVERNMENT CONTRACTOR
OVR	OVERRIDE CODE
HCSR_SUB	TYPE OF SUBMISSION
NXR	NAS EXCEPTION REASON
PLAN	HEALTH CARE PLAN CODE
ICD	DIAGNOSIS EDITION IDENTIFIER
ADJ_CD	REASON FOR ADJUSTMENT
SPC	SPECIAL PROCESSING CODE
SP_RT	SPECIAL RATE CODE
DIS_PCT	DISCOUNT AGREEMENT PERCENTAGE
AFF	PROVIDER CONTRACT AFFILIATION CODE
ST_CNTRY	PROVIDER STATE OR COUNTRY CODE
POSTAL_ST	PROVIDED POSTAL STATE
ST_CNTRY_NAME	PROVIDER STATE OR COUNTRY CODE NAME
PROVIDER_ID	PROVIDER TAXPAYER NUMBER
SUBID	PROVIDER SUB-IDENTIFIER
PROVZIP	PROVIDER ZIP CODE (POS 1 - 5)
PART	PROVIDER PARTICIPATION INDICATOR
PRIN_DX	PRINCIPAL TREATMENT DIAGNOSIS
DXS1	SECONDARY TREATMENT DIAGNOSIS-1
DXS2	SECONDARY TREATMENT DIAGNOSIS-2
DXS3	SECONDARY TREATMENT DIAGNOSIS-3
DXS4	SECONDARY TREATMENT DIAGNOSIS-4

COLUMN NAME	DATA ELEMENT
DXS5	SECONDARY TREATMENT DIAGNOSIS-5
DXS6	SECONDARY TREATMENT DIAGNOSIS-6
DXS7	SECONDARY TREATMENT DIAGNOSIS-7
DXS8	SECONDARY TREATMENT DIAGNOSIS-8
CONTRACT	CONTRACT NUMBER
BATCH_DT	BATCH DATE
BATCH_SEQ	BATCH SEQUENCE NUMBER
BATCH_RESUB	BATCH RESUBMISSION NUMBER
VOUCHER	VOUCHER NUMBER
VOUCH_RESUB	VOUCHER RESUBMISSION NUMBER
V_NOTICE_DT	VOUCHER NOTICE DATE
V_CREATE_DT	VOUCHER PROCESSING DATE
PATPAY	TOTAL PATIENT PAY
MTF	MILITARY TREATMENT FACILITY/AREA CODE
MBOS	MTF OR OTHER AREA BRANCH OF SERVICE
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BBOS	BILLABLE BRANCH OF SERVICE
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MDC	MAJOR DIAGNOSTIC CATEGORY
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B_CAT	BENEFICIARY CATEGORY
SPEC_CD	TYPE OF INSTITUTION CODE
SPEC	TYPE OF INSTITUTION
ADMT_DT	ADMISSION DATE
BILL_STATS	BILLING CLASSSIFICATION CODE
BILL_FREQ	BILL FREQUENCY CODE
ADMT_TYP	ADMISSION TYPE
ADMT_SRC	ADMISSION SOURCE
PATDISP	DISCHARGE STATUS
CARE_BEG	INSTITUTIONAL BEGIN DATE OF CARE
CARE_END	INSTITUTIONAL END DATE OF CARE
BIRTHS	NUMBER OF BIRTHS
TOT_DAYS	TOTAL BED DAYS
ALWD_DAYS	NAS NUMBER OF HOSPITAL DAYS ALLOWED
ADMT_DX	ADMISSION DIAGNOSIS
ICDI	DIAGNOSIS EDITION IDENTIFIER
PRINOP	PRINCIPAL OP/NONSURGICAL PROC CODE
OPS1	SECONDARY OP/NONSURGICAL CODE-1
OPS2	SECONDARY OP/NONSURGICAL CODE-2
OPS3	SECONDARY OP/NONSURGICAL CODE-3
OPS4	SECONDARY OP/NONSURGICAL CODE-4
OPS5	SECONDARY OP/NONSURGICAL CODE-5

COLUMN NAME	*DATA ELEMENT*
DRG	DRG NUMBER
DRG_GR	DRG GROUPER EDITION
DRG_PR	DRG PRICER EDITION
ADMT_CT	ADMISSION COUNT CODE
CATCARE	CATEGORY OF CARE
REV_CT	REVENUE DATA OCCURRENCE COUNT
REV_CD	REVENUE CODE
REV_SVCS	UNITS OF SERVICES BY REVENUE CODE
REV_CHG	TOTAL CHARGE BY REVENUE CODE
RDNL	DENIAL REASON CODE
OCC_CT	DETAIL OCCURRENCE COUNT
PROVIDER_NAME	PROVIDER NAME
ENRL_DMISID	DMIS CODE AUTHORIZING
ALWD_OHI	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE
RDCTN_DA	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES
DDRG	DIAGNOSIS RELATED GROUP DERIVED CODE

CIVIEW.HCSR_INSTHDR

This view contains all of the non-repeating institutional and HCSR common data elements (columns) from the HCSR database. You should use this view when you are only interested in non-repeating institutional data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	*DATA ELEMENT*
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
REC_TYPE	RECORD TYPE INDICATOR
CLAIM_TYPE	PROGRAM INDICATOR
PTC_DT	DATE HCSR PROCESSED TO COMPLETION
ADJ_DT	DATE ADJUSTMENT IDENTIFIED
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER
GRADE	SPONSOR PAY GRADE
BOS	SPONSOR BRANCH OF SERVICE
STATUS	SPONSOR STATUS
REL	PATIENT RELATIONSHIP TO SPONSOR
PATIENT	PATIENT NAME
PAT_SSN	PATIENT SSN
PAT_DOB	PATIENT DATE OF BIRTH

COLUMN NAME	DATA ELEMENT
DDS	DEERS DEPENDENT SUFFIX
SEX	PATIENT SEX
PATZIP	PATIENT ZIP CODE (POS 1-5)
ENRL	ENROLLMENT STATUS
NAS_NO	NONAVAILABILITY STATEMENT NUMBER
RPP	REASON FOR PAYMENT PENALTY
AMT_BILLED	AMOUNT BILLED
AMT_ALWD	AMOUNT ALLOWED
OHI	AMOUNT OTHER HEALTH INSURANCE
TPL	AMOUNT THIRD PARTY LIABILITY
AMT_PP	AMOUNT PAYMENT PENALTY
COINS	PATIENT COINSURANCE
COPAY	PATIENT COPAYMENT
AMT_PAID	AMOUNT PAID/GOVERNMENT CONTRACTOR
OVR	OVERRIDE CODE
HCSR_SUB	TYPE OF SUBMISSION
NXR	NAS EXCEPTION REASON
PLAN	HEALTH CARE PLAN CODE
ICD	DIAGNOSIS EDITION IDENTIFIER
ADJ_CD	REASON FOR ADJUSTMENT
SPC	SPECIAL PROCESSING CODE
SP_RT	SPECIAL RATE CODE
DIS_PCT	DISCOUNT AGREEMENT PERCENTAGE
AFF	PROVIDER CONTRACT AFFILIATION CODE
ST_CNTRY	PROVIDER STATE OR COUNTRY CODE
POSTAL_ST	PROVIDED POSTAL STATE
ST_CNTRY_NAME	PROVIDER STATE OR COUNTRY CODE NAME
PROVIDER_ID	PROVIDER TAXPAYER NUMBER
SUBID	PROVIDER SUB-IDENTIFIER
PROVZIP	PROVIDER ZIP CODE (POS 1 - 5)
PART	PROVIDER PARTICIPATION INDICATOR
PRIN_DX	PRINCIPAL TREATMENT DIAGNOSIS
DXS1	SECONDARY TREATMENT DIAGNOSIS-1
DXS2	SECONDARY TREATMENT DIAGNOSIS-2
DXS3	SECONDARY TREATMENT DIAGNOSIS-3
DXS4	SECONDARY TREATMENT DIAGNOSIS-4
DXS5	SECONDARY TREATMENT DIAGNOSIS-5
DXS6	SECONDARY TREATMENT DIAGNOSIS-6
DXS7	SECONDARY TREATMENT DIAGNOSIS-7
DXS8	SECONDARY TREATMENT DIAGNOSIS-8
CONTRACT	CONTRACT NUMBER
BATCH_DT	BATCH DATE
BATCH_SEQ	BATCH SEQUENCE NUMBER
BATCH_RESUB	BATCH RESUBMISSION NUMBER
VOUCHER	VOUCHER NUMBER
VOUCH_RESUB	VOUCHER RESUBMISSION NUMBER
V_NOTICE_DT	VOUCHER NOTICE DATE
V_CREATE_DT	VOUCHER PROCESSING DATE
PATPAY	TOTAL PATIENT PAY
MTF	MILITARY TREATMENT FACILITY/AREA CODE
MBOS	MTF OR OTHER AREA BRANCH OF SERVICE
BMTF	BILLABLE MTF CODE
BBOS	BILLABLE BRANCH OF SERVICE
AGE	PATIENT AGE

COLUMN NAME	DATA ELEMENT
CARE_FY	ENDING DATE OF CARE FISCAL YEAR
CYCLE	CYCLE NUMBER
H_ACC_DT	RECORD ACCEPTANCE DATE
CLM_CT	CLAIM COUNT CODE
B_CLM_CT	BENEFIT CLAIM COUNT CODE
A_CLM_CT	ADMINISTRATIVE CLAIM COUNT CODE
SRHC	SOURCE OF HEALTH CARE DATA
RPM_CD	TYPE OF NET RECORD
DEPT	HOSPITAL DEPARTMENT NUMBER
MDC	MAJOR DIAGNOSTIC CATEGORY
DMDC	TRICARE DERIVED MAJOR DIAGNOSTIC CATGRY.
RFI	REASON FOR ISSUANCE (NAS)
FORM	CLAIM FORM TYPE
HSR	HEALTH SERVICE REGION CODE
B_CAT	BENEFICIARY CATEGORY
SPEC_CD	TYPE OF INSTITUTION CODE
SPEC	TYPE OF INSTITUTION
ADMT_DT	ADMISSION DATE
BILL_STATS	BILLING CLASSSIFICATION CODE
BILL_FREQ	BILL FREQUENCY CODE
ADMT_TYP	ADMISSION TYPE
ADMT_SRC	ADMISSION SOURCE
PATDISP	DISCHARGE STATUS
CARE_BEG	INSTITUTIONAL BEGIN DATE OF CARE
CARE_END	INSTITUTIONAL END DATE OF CARE
BIRTHS	NUMBER OF BIRTHS
TOT_DAYS	TOTAL BED DAYS
ALWD_DAYS	NAS NUMBER OF HOSPITAL DAYS ALLOWED
ADMT_DX	ADMISSION DIAGNOSIS
ICDI	DIAGNOSIS EDITION IDENTIFIER
PRINOP	PRINCIPAL OP/NONSURGICAL PROC CODE
OPS1	SECONDARY OP/NONSURGICAL CODE-1
OPS2	SECONDARY OP/NONSURGICAL CODE-2
OPS3	SECONDARY OP/NONSURGICAL CODE-3
OPS4	SECONDARY OP/NONSURGICAL CODE-4
OPS5	SECONDARY OP/NONSURGICAL CODE-5
DRG	DRG NUMBER
DRG_GR	DRG GROUPER EDITION
DRG_PR	DRG PRICER EDITION
ADMT_CT	ADMISSION COUNT CODE
CATCARE	CATEGORY OF CARE
REV_CT	REVENUE DATA OCCURRENCE COUNT
ENRL_DMISID	DMIS CODE AUTHORIZING
ALWD_OHI	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE
RDCTN_DA	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES
DDRG	DIAGNOSIS RELATED GROUP DERIVED CODE

CIVIEW.HCSR_NINSDTL

This view contains all of the detail non-institutional data elements (columns) from the HCSR database. You should use this view when you want to look at only non-institutional detail data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each utilization line item for each non-institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
CARE_BEG	NONINSTITUTIONAL BEGIN DATE OF CARE
CARE_END	NONINSTITUTIONAL END DATE OF CARE
CATCARE	CATEGORY OF CARE
RDNL	DENIAL REASON CODE
OCC_CT	DETAIL OCCURRENCE COUNT
PROC_CD	PROCEDURE CODE
PROC_TXT	PROCEDURE TEXT IDENTIFIER
SVCS	NUMBER OF SERVICES
LI_BILLED	TOTAL CHARGES BY PROCEDURE CODE
LI_ALWD	AMOUNT ALLOWED BY PROCEDURE CODE
PRICE_CD	PRICING CODE
POS	PLACE OF SERVICE
TOS	TYPE OF SERVICE
PRICE_YR	PRICING PROFILE YEAR
MODIFR	CPT-4 MODIFIER
VISITS	NUMBER OF VISITS
PRI_PROC_FL	PRIMARY PROCEDURE FLAG

CIVIEW.HCSR_NINSFULL

This view contains all of the non-institutional data elements (columns) from the HCSR database, and the provider name from the provider database. You should use this view when you are only interested in non-institutional data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each utilization line item for each non-institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
REC_TYPE	RECORD TYPE INDICATOR
CLAIM_TYPE	PROGRAM INDICATOR
PTC_DT	DATE HCSR PROCESSED TO COMPLETION
ADJ_DT	DATE ADJUSTMENT IDENTIFIED
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER
GRADE	SPONSOR PAY GRADE
BOS	SPONSOR BRANCH OF SERVICE
STATUS	SPONSOR STATUS
REL	PATIENT RELATIONSHIP TO SPONSOR
PATIENT	PATIENT NAME
PAT_SSN	PATIENT SSN
PAT_DOB	PATIENT DATE OF BIRTH
DDS	DEERS DEPENDENT SUFFIX
SEX	PATIENT SEX
PATZIP	PATIENT ZIP CODE (POS 1-5)
ENRL	ENROLLMENT STATUS
NAS_NO	NONAVAILABILITY STATEMENT NUMBER
RPP	REASON FOR PAYMENT PENALTY
AMT_BILLED	AMOUNT BILLED
AMT_ALWD	AMOUNT ALLOWED
OHI	AMOUNT OTHER HEALTH INSURANCE
TPL	AMOUNT THIRD PARTY LIABILITY
AMT_PP	AMOUNT PAYMENT PENALTY
COINS	PATIENT COINSURANCE
COPAY	PATIENT COPAYMENT
AMT_PAID	AMOUNT PAID/GOVERNMENT CONTRACTOR
OVR	OVERRIDE CODE
HCSR_SUB	TYPE OF SUBMISSION
NXR	NAS EXCEPTION REASON
PLAN	HEALTH CARE PLAN CODE
ICD	DIAGNOSIS EDITION IDENTIFIER
ADJ_CD	REASON FOR ADJUSTMENT
SPC	SPECIAL PROCESSING CODE
SP_RT	SPECIAL RATE CODE
DIS_PCT	DISCOUNT AGREEMENT PERCENTAGE
AFF	PROVIDER CONTRACT AFFILIATION CODE
ST_CNTRY	PROVIDER STATE OR COUNTRY CODE
POSTAL_ST	PROVIDED POSTAL STATE
ST_CNTRY_NAME	PROVIDER STATE OR COUNTRY CODE NAME
PROVIDER_ID	PROVIDER TAXPAYER NUMBER
SUBID	PROVIDER SUB-IDENTIFIER
PROVZIP	PROVIDER ZIP CODE (POS 1 - 5)
PART	PROVIDER PARTICIPATION INDICATOR
PRIN_DX	PRINCIPAL TREATMENT DIAGNOSIS
DXS1	SECONDARY TREATMENT DIAGNOSIS-1

COLUMN NAME	DATA ELEMENT
DXS2	SECONDARY TREATMENT DIAGNOSIS-2
DXS3	SECONDARY TREATMENT DIAGNOSIS-3
DXS4	SECONDARY TREATMENT DIAGNOSIS-4
DXS5	SECONDARY TREATMENT DIAGNOSIS-5
DXS6	SECONDARY TREATMENT DIAGNOSIS-6
DXS7	SECONDARY TREATMENT DIAGNOSIS-7
DXS8	SECONDARY TREATMENT DIAGNOSIS-8
CONTRACT	CONTRACT NUMBER
BATCH_DT	BATCH DATE
BATCH_SEQ	BATCH SEQUENCE NUMBER
BATCH_RESUB	BATCH RESUBMISSION NUMBER
VOUCHER	VOUCHER NUMBER
VOUCH_RESUB	VOUCHER RESUBMISSION NUMBER
V_NOTICE_DT	VOUCHER NOTICE DATE
V_CREATE_DT	VOUCHER PROCESSING DATE
PATPAY	TOTAL PATIENT PAY
MTF	MILITARY TREATMENT FACILITY/AREA CODE
MBOS	MTF OR OTHER AREA BRANCH OF SERVICE
BMTF	BILLABLE MTF CODE
BBOS	BILLABLE BRANCH OF SERVICE
AGE	PATIENT AGE
CARE_FY	ENDING DATE OF CARE FISCAL YEAR
CYCLE	CYCLE NUMBER
H_ACC_DT	RECORD ACCEPTANCE DATE
CLM_CT	CLAIM COUNT CODE
B_CLM_CT	BENEFIT CLAIM COUNT CODE
A_CLM_CT	ADMINISTRATIVE CLAIM COUNT CODE
SRHC	SOURCE OF HEALTH CARE DATA
RPM_CD	TYPE OF NET RECORD
DEPT	HOSPITAL DEPARTMENT NUMBER
MDC	MAJOR DIAGNOSTIC CATEGORY
DMDC	TRICARE DERIVED MAJOR DIAGNOSTIC CATGRY.
RFI	REASON FOR ISSUANCE (NAS)
FORM	CLAIM FORM TYPE
HSR	HEALTH SERVICE REGION CODE
B_CAT	BENEFICIARY CATEGORY
AMT_DEDUCT	AMOUNT APPLIED TOWARD DEDUCTIBLE
SPEC_CD	PROVIDER'S MAJOR SPECIALTY CODE
SPEC	PROVIDER'S MAJOR SPECIALTY
CARE_CT	UTILIZATION DATA OCCURRENCE COUNT
DED	DEDUCTIBLE FLAG
CMAC_NBR	TRICARE PRICING LOCALITY NUMBER
PROC_CD	PROCEDURE CODE
PROC_TXT	PROCEDURE TEXT IDENTIFIER
SVCS	NUMBER OF SERVICES
LI_BILLED	TOTAL CHARGES BY PROCEDURE CODE
LI_ALWD	AMOUNT ALLOWED BY PROCEDURE CODE
PRICE_CD	PRICING CODE
CARE_BEG	NONINSTITUTIONAL BEGIN DATE OF CARE
CARE_END	NONINSTITUTIONAL END DATE OF CARE
POS	PLACE OF SERVICE
TOS	TYPE OF SERVICE
RDNL	DENIAL REASON CODE
PRICE_YR	PRICING PROFILE YEAR

COLUMN NAME	DATA ELEMENT
MODIFR	CPT-4 MODIFIER
OCC_CT	DETAIL OCCURRENCE COUNT
VISITS	NUMBER OF VISITS
PRI_PROC_FL	PRIMARY PROCEDURE FLAG
CATCARE	CATEGORY OF CARE
PROVIDER_NAME	PROVIDER NAME
ENRL_DMISID	DMIS CODE AUTHORIZING
ALWD_OHI	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE
RDCTN_DA	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES

CIVIEW.HCSR_NINSHDR

This view contains all of the non-repeating non-institutional and HCSR common data elements (columns) from the HCSR database. You should use this view when you are only interested in non-institutional data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each utilization line item for each non-institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
REC_TYPE	RECORD TYPE INDICATOR
CLAIM_TYPE	PROGRAM INDICATOR
PTC_DT	DATE HCSR PROCESSED TO COMPLETION
ADJ_DT	DATE ADJUSTMENT IDENTIFIED
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER
GRADE	SPONSOR PAY GRADE
BOS	SPONSOR BRANCH OF SERVICE
STATUS	SPONSOR STATUS
REL	PATIENT RELATIONSHIP TO SPONSOR
PATIENT	PATIENT NAME
PAT_SSN	PATIENT SSN
PAT_DOB	PATIENT DATE OF BIRTH
DDS	DEERS DEPENDENT SUFFIX
SEX	PATIENT SEX
PATZIP	PATIENT ZIP CODE (POS 1-5)
ENRL	ENROLLMENT STATUS
NAS_NO	NONAVAILABILITY STATEMENT NUMBER
RPP	REASON FOR PAYMENT PENALTY
AMT_BILLED	AMOUNT BILLED

COLUMN NAME	DATA ELEMENT
AMT_ALWD	AMOUNT ALLOWED
OHI	AMOUNT OTHER HEALTH INSURANCE
TPL	AMOUNT THIRD PARTY LIABILITY
AMT_PP	AMOUNT PAYMENT PENALTY
COINS	PATIENT COINSURANCE
COPAY	PATIENT COPAYMENT
AMT_PAID	AMOUNT PAID/GOVERNMENT CONTRACTOR
OVR	OVERRIDE CODE
HCSR_SUB	TYPE OF SUBMISSION
NXR	NAS EXCEPTION REASON
PLAN	HEALTH CARE PLAN CODE
ICD	DIAGNOSIS EDITION IDENTIFIER
ADJ_CD	REASON FOR ADJUSTMENT
SPC	SPECIAL PROCESSING CODE
SP_RT	SPECIAL RATE CODE
DIS_PCT	DISCOUNT AGREEMENT PERCENTAGE
AFF	PROVIDER CONTRACT AFFILIATION CODE
ST_CNTRY	PROVIDER STATE OR COUNTRY CODE
POSTAL_ST	PROVIDED POSTAL STATE
ST_CNTRY_NAME	PROVIDER STATE OR COUNTRY CODE NAME
PROVIDER_ID	PROVIDER TAXPAYER NUMBER
SUBID	PROVIDER SUB-IDENTIFIER
PROVZIP	PROVIDER ZIP CODE (POS 1 - 5)
PART	PROVIDER PARTICIPATION INDICATOR
PRIN_DX	PRINCIPAL TREATMENT DIAGNOSIS
DXS1	SECONDARY TREATMENT DIAGNOSIS-1
DXS2	SECONDARY TREATMENT DIAGNOSIS-2
DXS3	SECONDARY TREATMENT DIAGNOSIS-3
DXS4	SECONDARY TREATMENT DIAGNOSIS-4
DXS5	SECONDARY TREATMENT DIAGNOSIS-5
DXS6	SECONDARY TREATMENT DIAGNOSIS-6
DXS7	SECONDARY TREATMENT DIAGNOSIS-7
DXS8	SECONDARY TREATMENT DIAGNOSIS-8
CONTRACT	CONTRACT NUMBER
BATCH_DT	BATCH DATE
BATCH_SEQ	BATCH SEQUENCE NUMBER
BATCH_RESUB	BATCH RESUBMISSION NUMBER
VOUCHER	VOUCHER NUMBER
VOUCH_RESUB	VOUCHER RESUBMISSION NUMBER
V_NOTICE_DT	VOUCHER NOTICE DATE
V_CREATE_DT	VOUCHER PROCESSING DATE
PATPAY	TOTAL PATIENT PAY
MTF	MILITARY TREATMENT FACILITY/AREA CODE
MBOS	MTF OR OTHER AREA BRANCH OF SERVICE
BMTF	BILLABLE MTF CODE
BBOS	BILLABLE BRANCH OF SERVICE
AGE	PATIENT AGE
CARE_FY	ENDING DATE OF CARE FISCAL YEAR
CYCLE	CYCLE NUMBER
H_ACC_DT	RECORD ACCEPTANCE DATE
CLM_CT	CLAIM COUNT CODE
B_CLM_CT	BENEFIT CLAIM COUNT CODE
A_CLM_CT	ADMINISTRATIVE CLAIM COUNT CODE
SRHC	SOURCE OF HEALTH CARE DATA

COLUMN NAME	DATA ELEMENT
RPM_CD	TYPE OF NET RECORD
DEPT	HOSPITAL DEPARTMENT NUMBER
MDC	MAJOR DIAGNOSTIC CATEGORY
DMDC	TRICARE DERIVED MAJOR DIAGNOSTIC CATGRY.
RFI	REASON FOR ISSUANCE (NAS)
FORM	CLAIM FORM TYPE
HSR	HEALTH SERVICE REGION CODE
B_CAT	BENEFICIARY CATEGORY
AMT_DEDUCT	AMOUNT APPLIED TOWARD DEDUCTIBLE
SPEC_CD	PROVIDER'S MAJOR SPECIALTY CODE
SPEC	PROVIDER'S MAJOR SPECIALTY
CARE_CT	UTILIZATION DATA OCCURRENCE COUNT
DED	DEDUCTIBLE FLAG
CMAC_NBR	TRICARE PRICING LOCALITY NUMBER
ENRL_DMISID	DMIS CODE AUTHORIZING
ALWD_OHI	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE
RDCTN_DA	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES

CIVIEW.RQSTLIST

This view contains the USER_ID, creation date and time and the extract name of all the CDIS extracts created. The number of HCSRs extracted is also included. This view is the quickest way to identify your CDIS extracts.

You can only query on data from your own CDIS extract requests. A query with no selection criteria will return one row for each CDIS extract you have created that has not been purged based on dates.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
ROWS	HCSR ROW COUNT

CIVIEW.TBL_COMMON

This view contains data that is common to both types of HCSRs (institutional and non-institutional), such as claim number, contractor number, sponsor, patient, and provider information, and total cost/workload information for the HCSR. You should use this view when you are only interested in common data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each institutional HCSR, and one row for each non-institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns REQUEST, USER_ID, CLAIM, and CNTR.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
REC_TYPE	RECORD TYPE INDICATOR
CLAIM_TYPE	PROGRAM INDICATOR
PTC_DT	DATE HCSR PROCESSED TO COMPLETION
ADJ_DT	DATE ADJUSTMENT IDENTIFIED
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER
GRADE	SPONSOR PAY GRADE
BOS	SPONSOR BRANCH OF SERVICE
STATUS	SPONSOR STATUS
REL	PATIENT RELATIONSHIP TO SPONSOR
PATIENT	PATIENT NAME
PAT_SSN	PATIENT SSN
PAT_DOB	PATIENT DATE OF BIRTH
DDS	DEERS DEPENDENT SUFFIX
SEX	PATIENT SEX
PATZIP	PATIENT ZIP CODE (POS 1-5)
ENRL	ENROLLMENT STATUS
NAS_NO	NONAVAILABILITY STATEMENT NUMBER
RPP	REASON FOR PAYMENT PENALTY
AMT_BILLED	AMOUNT BILLED
AMT_ALWD	AMOUNT ALLOWED
OHI	AMOUNT OTHER HEALTH INSURANCE
TPL	AMOUNT THIRD PARTY LIABILITY
AMT_PP	AMOUNT PAYMENT PENALTY
COINS	PATIENT COINSURANCE
COPAY	PATIENT COPAYMENT
AMT_PAID	AMOUNT PAID/GOVERNMENT CONTRACTOR
OVR	OVERRIDE CODE
HCSR_SUB	TYPE OF SUBMISSION
NXR	NAS EXCEPTION REASON
PLAN	HEALTH CARE PLAN CODE
ICD	DIAGNOSIS EDITION IDENTIFIER
ADJ_CD	REASON FOR ADJUSTMENT
SPC	SPECIAL PROCESSING CODE
SP_RT	SPECIAL RATE CODE
DIS_PCT	DISCOUNT AGREEMENT PERCENTAGE
AFF	PROVIDER CONTRACT AFFILIATION CODE
ST_CNTRY	PROVIDER STATE OR COUNTRY CODE
POSTAL_ST	PROVIDED POSTAL STATE
ST_CNTRY_NAME	PROVIDER STATE OR COUNTRY CODE NAME
PROVIDER_ID	PROVIDER TAXPAYER NUMBER
SUBID	PROVIDER SUB-IDENTIFIER
PROVZIP	PROVIDER ZIP CODE (POS 1 - 5)
PART	PROVIDER PARTICIPATION INDICATOR
PRIN_DX	PRINCIPAL TREATMENT DIAGNOSIS
DXS1	SECONDARY TREATMENT DIAGNOSIS-1
DXS2	SECONDARY TREATMENT DIAGNOSIS-2
DXS3	SECONDARY TREATMENT DIAGNOSIS-3

COLUMN NAME	DATA ELEMENT
DXS4	SECONDARY TREATMENT DIAGNOSIS-4
DXS5	SECONDARY TREATMENT DIAGNOSIS-5
DXS6	SECONDARY TREATMENT DIAGNOSIS-6
DXS7	SECONDARY TREATMENT DIAGNOSIS-7
DXS8	SECONDARY TREATMENT DIAGNOSIS-8
CONTRACT	CONTRACT NUMBER
BATCH_DT	BATCH DATE
BATCH_SEQ	BATCH SEQUENCE NUMBER
BATCH_RESUB	BATCH RESUBMISSION NUMBER
VOUCHER	VOUCHER NUMBER
VOUCH_RESUB	VOUCHER RESUBMISSION NUMBER
V_NOTICE_DT	VOUCHER NOTICE DATE
V_CREATE_DT	VOUCHER PROCESSING DATE
PATPAY	TOTAL PATIENT PAY
MTF	MILITARY TREATMENT FACILITY/AREA CODE
MBOS	MTF OR OTHER AREA BRANCH OF SERVICE
BMTF	BILLABLE MTF CODE
BBOS	BILLABLE BRANCH OF SERVICE
AGE	PATIENT AGE
CARE_FY	ENDING DATE OF CARE FISCAL YEAR
CYCLE	CYCLE NUMBER
H_ACC_DT	RECORD ACCEPTANCE DATE
CLM_CT	CLAIM COUNT CODE
B_CLM_CT	BENEFIT CLAIM COUNT CODE
A_CLM_CT	ADMINISTRATIVE CLAIM COUNT CODE
SRHC	SOURCE OF HEALTH CARE DATA
RPM_CD	TYPE OF NET RECORD
DEPT	HOSPITAL DEPARTMENT NUMBER
MDC	MAJOR DIAGNOSTIC CATEGORY
DMDC	TRICARE DERIVED MAJOR DIAGNOSTIC CATGRY.
RFI	REASON FOR ISSUANCE (NAS)
FORM	CLAIM FORM TYPE
HSR	HEALTH SERVICE REGION CODE
B_CAT	BENEFICIARY CATEGORY
ENRL_DMISID	DMIS CODE AUTHORIZING
ALWD_OHI	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE
RDCTN_DA	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES

CIVIEW.TBL_INST

This view contains non-repeating data that is common for all institutional HCSRs, such as type of institution, admission data, and operation/non-surgical procedure codes. Most of this data is reported directly from the UB-92 standard institutional claim form. You should use this view when you are only interested in non-repeating institutional data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
SPEC_CD	TYPE OF INSTITUTION CODE
SPEC	TYPE OF INSTITUTION
CARE_BEG	INSTITUTIONAL BEGIN DATE OF CARE
CARE_END	INSTITUTIONAL END DATE OF CARE
CATCARE	CATEGORY OF CARE
ADMT_DT	ADMISSION DATE
BILL_STATS	BILLING CLASSSIFICATION CODE
BILL_FREQ	BILL FREQUENCY CODE
ADMT_TYP	ADMISSION TYPE
ADMT_SRC	ADMISSION SOURCE
PATDISP	DISCHARGE STATUS
BIRTHS	NUMBER OF BIRTHS
TOT_DAYS	TOTAL BED DAYS
ALWD_DAYS	NAS NUMBER OF HOSPITAL DAYS ALLOWED
ADMT_DX	ADMISSION DIAGNOSIS
ICDI	DIAGNOSIS EDITION IDENTIFIER
PRINOP	PRINCIPAL OP/NONSURGICAL PROC CODE
OPS1	SECONDARY OP/NONSURGICAL CODE-1
OPS2	SECONDARY OP/NONSURGICAL CODE-2
OPS3	SECONDARY OP/NONSURGICAL CODE-3
OPS4	SECONDARY OP/NONSURGICAL CODE-4
OPS5	SECONDARY OP/NONSURGICAL CODE-5
DRG	DRG NUMBER
DRG_GR	DRG GROUPER EDITION
DRG_PR	DRG PRICER EDITION
ADMT_CT	ADMISSION COUNT CODE
REV_CT	REVENUE DATA OCCURRENCE COUNT
DDRG	DIAGNOSIS RELATED GROUP DERIVED CODE

CIVIEW.TBL_NINST

This view contains non-repeating data that is common for all non-institutional HCSRs, such as provider specialty code and TRICARE pricing locality number (CMAC number). Much of this data is derived from the claims processor's actions. You should use this view when you are only interested in non-repeating common non-institutional data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each non-institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
SPEC_CD	PROVIDER'S MAJOR SPECIALTY CODE
SPEC	PROVIDER'S MAJOR SPECIALTY
AMT_DEDUCT	AMOUNT APPLIED TOWARD DEDUCTIBLE
CARE_CT	UTILIZATION DATA OCCURRENCE COUNT
DED	DEDUCTIBLE FLAG
CMAC_NBR	TRICARE PRICING LOCALITY NUMBER

CIVIEW.TBL_REVNUE

This view contains all of the detail institutional data elements (columns) from the HCSR database. You should use this view when you want to look at only detail data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each revenue line item for each institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
RDNL	DENIAL REASON CODE
OCC_CT	DETAIL OCCURRENCE COUNT
REV_CD	REVENUE CODE
REV_SVCS	UNITS OF SERVICES BY REVENUE CODE
REV_CHG	TOTAL CHARGE BY REVENUE CODE

CIVIEW.TBL_UTLZTN

This view contains all of the detail non-institutional data elements (columns) from the HCSR database. You should use this view when you want to look at only non-institutional detail data.

You must run a CDIS extract prior to running a query with this view. You can only query on data from your own CDIS extract requests. In order to get data from a single CDIS extract request, you must enter selection criteria against the **REQUEST** column. A query with no additional selection criteria will return one row for each utilization line item for each non-institutional HCSR for the specified CDIS extract request.

There is one index available to the view. The index key is on columns **REQUEST**, **USER_ID**, **CLAIM**, and **CNTR**.

COLUMN NAME	DATA ELEMENT
USER_ID	TRICARE USER-ID
RQST_DATE	SERVICE REQUEST DATE
RQST_TIME	SERVICE REQUEST TIME
REQUEST	REQUEST IDENTIFIER (CDIS EXTRACT REQUEST ID)
CLAIM	HCSR NUMBER
CNTR	CONTRACTOR NUMBER
CARE_BEG	NONINSTITUTIONAL BEGIN DATE OF CARE
CARE_END	NONINSTITUTIONAL END DATE OF CARE
CATCARE	CATEGORY OF CARE
RDNL	DENIAL REASON CODE
OCC_CT	DETAIL OCCURRENCE COUNT
PROC_CD	PROCEDURE CODE
PROC_TXT	PROCEDURE TEXT IDENTIFIER
SVCS	NUMBER OF SERVICES
LI_BILLED	TOTAL CHARGES BY PROCEDURE CODE
LI_ALWD	AMOUNT ALLOWED BY PROCEDURE CODE
PRICE_CD	PRICING CODE
POS	PLACE OF SERVICE
TOS	TYPE OF SERVICE
PRICE_YR	PRICING PROFILE YEAR
MODIFR	CPT-4 MODIFIER
VISITS	NUMBER OF VISITS
PRI_PROC_FL	PRIMARY PROCEDURE FLAG

Key Fields

The following is a list of fields and brief descriptions of how you might use these to query your extracted data. The descriptions in regular text are verbatim from the ADP Manual. Comments in ***bold/italics*** are notations made by the ACS training staff.

FIELD NAME	*USE DESCRIPTION*
REC_TYPE	Code to indicate the type of record. ***Designates Institutional (1) and Non-Institutional (2) HCSRs.***
CLAIM_TYPE	Code indentifying which TMA program the services being reported relate to. ***Listed in the ADP Manual, data dictionary, and on the CDIS screen as PROGRAM INDICATOR.***
AMT_BILLED	Total amount billed for all services reported on the HCSR.
LI_BILLED	Amount billed by the provider for this (these) service(s)/supply(ies). ***One line item for each procedure code on the HCSR record.***
AMT_ALLOWED	Total amount allowed for all authorized services on the HCSR.
LI ALWD	Total amount allowed for this (these) service(s)/supply(ies).
AMT_PAID	Portion of total amount allowed that was paid by government contractor for the services reported on the HCSR. ****Note: the total amount paid is <u>never</u> split out at a line item level.***
SPC	Code indicating care that requires special processing. ***Examples include resource sharing providers, partnership providers, supplemental care, etc.***
ST_CNTRY	Code assigned to identify the state or foreign country in which the care was <u>received</u>.
ST_CNTRY_NAME	Name of the state or foreign country in which the care was <u>received</u>.
PROVIDER_ID SUBID PROV_ZIP	***Remember that it is the combination of these three fields that TRICARE uses to define a unique provider***
PRIN_DX	The condition established, after study, to be the major cause for the patient to obtain medical care as coded on the claim form or otherwise indicated by the provider.
CARE_FY	Year in which care was rendered
RFI	The Reason for Issuance indicates why the care was not or cannot be provided by a Military Treatment Facility.
SPEC_CODE	Code describing the provider's major specialty. ***Remember: some provider and hospital specialties are represented by the same code — the differentiator is whether they are Non-Institutional or Institutional record types.***
SPEC	Description of the provider's major specialty.

FIELD NAME	USE DESCRIPTION
OCC_CT *Note: further definition available on page 41 of this user guide.*	A unique number for each utilization/revenue data occurrence within the HCSR. Occurrence numbers must be assigned in sequential ascending order. ***Note: this field can be set to a value of '1' to insure that only the first procedure code record will appear in your query, regardless of the number of procedure codes listed. The primary procedure code is not necessarily the first one on a HCSR. Analysis of line item procedure codes should not be done when using an OCC_CT=1 expression in your query conditions.*** ***For an institutional HCSR, the first revenue code (OCC_CT=1) is always the total cost.***
PRI_PROC_FL *Note: further definition available on page 41 of this user guide.*	This field, identified as PRM on the CDIS screen, identifies the primary procedure on the HCSR by giving it a value of '1'. There is never more than one primary procedure on a HCSR and all non-primary procedures are flagged with a '0'. ***Note: this field can be set to a value of '1' to insure that only one record will appear in your query, regardless of the number of procedure codes; analysis of line item primary procedure codes may be done when using a PRI_PROC_FL=1 expression in your query conditions. The primary procedure code is assigned to the line item procedure with the greatest amount billed on the HCSR.***
PROC_CD	Code indicating the procedure which describes the care received..
REV_CD	Identifies revenue categories associated with the type of service rendered on institutional records.
DRG	Diagnosis Related Group provided by the contractor on an institutional claim. This field is blank (000) for claims not paid by DRG.
DDRG	Derived DRGs are created for all institutional claims by TRICARE using the 3M DRG Grouper. ***Note: when querying HCSRs by DRG, consider whether you want to look at all institutional claims by DRG or only those paid by DRG.***
ENRL	Code indicating whether the patient is enrolled with the contractor (Prime) or not (Non-Prime), or the care was received under the Standard TRICARE Program or the care was received under the continued Health Care Benefit Program (CHCBP).
ENRL_DMISID	This code identifies and distinguished MTF/Clinic enrollments from network enrollments primarily for reporting on Enrollment Based Capitation (EBC).
MTF	DMIS ID of the MTF catchment area in which the beneficiary's physical address is located. If the beneficiary lives outside the catchment area, this field will be blank.
BMTF	Field used for financial processing at TRICARE; this field should never be used outside of TRICARE Aurora.

Summary Views

CIVIEW.SUM_PROV

This view contains all of the data elements (columns) from the Provider Summary database. You should use this view when you want to run reports on summary provider cost/workload data. For example: reports on a specific provider, or on providers in a given region, MTF, state, city, or zip code, or for providers with a certain specialty code or type of institution

A query using this view with no additional selection criteria will return one row of summary cost/workload data for each "provider," for each fiscal year. Note that in this database, there is one provider for each unique combination of provider id, subid, zip code and specialty/institution code.

There are a number of indexes available to the view. The index keys are described below:

Index 1	key is on columns PROVIDER_ID, ZIPCODE, SPEC, SUBID
Index 2	key is on columns PROVIDER_ID, SUBID, ZIPCODE, SPEC
Index 3	key is on columns PROVIDER_NAME, ST
Index 4	key is on columns PROVIDER_ID, ZIPCODE, SUBID, SPEC, STATUS
Index 5	key is on columns PROVIDER_ID, ZIPCODE
Index 6	key is on column ZIPCODE
Index 7	key is on column SPEC
Index 8	key is on column ST
Index 9	key is on column REG
Index 10	key is on column MTF

COLUMN NAME	DATA ELEMENT
PROVIDER_ID	PROVIDER TAXPAYER NUMBER
SUBID	PROVIDER SUB-IDENTIFIER
PROVIDER_NAME	PROVIDER NAME
STREET	PROVIDER STREET ADDRESS
CITY	PROVIDER CITY
ST_CNTRY	PROVIDER STATE OR COUNTRY CODE
POSTAL_ST	DOMESTIC PROVIDER POSTAL STATE ABBREV. (T) *
ST_CNTRY_NAME	PROVIDER STATE OR COUNTRY CODE NAME
ZIPCODE	PROVIDER ZIP CODE (POS 1-5)
SPEC_CD	PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION
SPEC	SPECIALTY OR INSTITUTION TYPE DESCRIPTION (T)
E_S	PROVIDER TAXPAYER NUMBER IDENTIFIER
CNTR	CONTRACTOR NUMBER
AFF	PROVIDER CONTRACT AFFILIATION CODE
I_N	INST/NON-INST INDICATOR
BILLING_STREET	PROVIDER BILLING STREET/P.O. BOX
BILLING_CITY	PROVIDER BILLING CITY
B_ST	PROVIDER BILLING STATE OR COUNTRY CODE
B_ZIPCODE	PROVIDER BILLING ZIP (POS 1 - 5)
ACCEPT_DT	PROVIDER ACCEPTANCE DATE
TERM_DT	PROVIDER TERMINATION DATE

COLUMN NAME	DATA ELEMENT
STATUS	PROVIDER STATUS CODE
PROC_DT	TRANSACTION DATE
EFF_DT	PROVIDER RECORD EFFECTIVE DATE
UPIN	UNIQUE PHYSICIAN ID NUMBER
HSR	HEALTH SERVICES REGION CODE
MTF	MILITARY TREATMENT FACILITY/AREA CODE
FY	CURRENT FISCAL YEAR
FIRST_CARE	EARLIEST CARE_BEGINNING DATE
LAST_CARE	LATEST CARE BEGINNING DATE
H_SPEC	PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION
CLAIMS	PROVIDER CLAIMS COUNT
SVCS	PROVIDER NUMBER OF SERVICES
VISITS	PROVIDER NUMBER OF VISITS
ADMISS	PROVIDER NUMBER OF ADMISSIONS
AUTH_DAYS	PROVIDER GOVERNMENT AUTHORIZED BED DAYS
AMT_BILD	PROVIDER TOTAL AMOUNT BILLED
AMT_PD	PROVIDER AMOUNT PAID TOTAL
NO_HCSRS	HCSR COUNT
P_CLAIMS	PROVIDER PARTICIPATING CLAIMS COUNT
P_SVCS	PROVIDER PARTICIPATING NUMBER OF SERVICES
P_VISITS	PROVIDER PARTICIPATING NUMBER OF VISITS
P_ADMISS	PROVIDER PARTICIPATING NUMBER ADMISSIONS
P_AUTH_DAYS	PROVIDER PARTICIPATING GOVT AUTH BED DAYS
P_AMT_BILD	PROVIDER PARTICIPATING TOTAL AMOUNT BILLED
P_AMT_PD	PROVIDER PARTICIPATING TOTAL AMOUNT PAID
P_NO_HCSRS	COUNT OF PARTICIPATING HCSRS ON PROFILE
ACTIVE_FLAG	PROVIDER ACTIVE INDICATOR

CIVIEW.SUM_BENE

This view contains all beneficiary cost data and the sponsor SSAN from the Sponsor/Beneficiary Summary database. It does not include any historical sponsor information. This view is the quickest way to retrieve beneficiary data when you do not need sponsor, branch of service, status, etc. For example, you can run reports on sponsor SSAN or beneficiary, or on beneficiaries in a specific region, MTF, zip code or enrollment code.

A query using this view with no additional selection criteria will return one row of summary benefits data, for each unique **SPON_SSN**, **PATIENT**, **HSR**, **DMIS**, **PAT_ZIP**, **PAT_ENRL** and **FY**.

There are a number of indexes available to the view. The index keys are described below:

Index 1	key is on columns PATIENT, DDS, PAT_DOB
Index 2	key is on columns PAT_SSN
Index 3	key is on column MTF, FY
Index 4	key is on column REG, FY
Index 5	key is on column ENRL, FY
Index 6	key is on column PAT_ZIP, FY

COLUMN NAME	DATA ELEMENT
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER
DDS	DEERS DEPENDENT SUFFIX
PATIENT	PATIENT NAME
PAT_DOB	PATIENT DATE OF BIRTH
PAT_SSN	PATIENT SOCIAL SECURITY NUMBER
LATEST_PAT_ENRL	LATEST PATIENT ENROLLMENT
FY	CURRENT FISCAL YEAR
HSR	HEALTH SERVICES REGION CODE
MTF	MILITARY TREATMENT FACILITY/AREA CODES
PAT_ZIP	PATIENT ZIP CODE (POS 1-5)
PAT_ENRL	ENROLLMENT STATUS
AMT_DEDUCT	AMOUNT APPLIED TOWARD DEDUCTIBLE
AMT_BILLED	AMOUNT BILLED
AMT_ALWD	AMOUNT ALLOWED
OHI	AMOUNT OF OTHER HEALTH INSURANCE
TPL	AMOUNT OF THIRD PARTY LIABILITY
COINS	PATIENT COINSURANCE
COPAY	PATIENT COPAYMENT
AMT_PAID	AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR
FYSUM_RCD_UPD	RECORD UPDATE DATE

CIVIEW.SUM_SPON_BENE

This view contains *all* of the data elements from the Sponsor/Beneficiary Summary database, including beneficiary cost and sponsor history. You should use this view only when you want to include sponsor data. This view is more time-consuming to run and includes duplicate data. For example, you can run reports on sponsor or beneficiary in a specific region, MTF, zip code or enrollment code. There is one history record for each year in which a claim was processed for any of the sponsor's beneficiaries. Sponsor history includes the latest branch of service, grade, status and sponsor enrollment code for that year.

A query using this view with no additional selection criteria will return one row of summary benefits data for each unique **SPON_SSN**, **FY1** (year of sponsor history), **PATIENT**, **HSR**, **DMIS**, **PAT_ZIP**, **PAT_ENRL** and **FY**.

Beneficiary cost data may be duplicated if the sponsor has claims in more than one year. You may enter selection criteria on the **FY1** column to select only one year of sponsor history. This will eliminate duplicate data.

There are a number of indexes available to the view. The index keys are described below:

Index 1	key is on columns PATIENT, DDS, PAT_DOB
Index 2	key is on columns PAT_SSN
Index 3	key is on column MTF, FY
Index 4	key is on column REG, FY
Index 5	key is on column ENRL, FY
Index 6	key is on column PAT_ZIP, FY

COLUMN NAME	DATA ELEMENT
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER
SPON_ENRL	LATEST ENROLLMENT STATUS
FY1	CURRENT FISCAL YEAR - 1
BOS	LATEST SPONSOR BRANCH OF SERVICE
GRADE	LATEST SPONSOR PAY GRADE
STATUS	LATEST SPONSOR STATUS
SBDATA_UPD_DATE	SBDATA RECORD UPDATE DATE
DDS	DEERS DEPENDENT SUFFIX
PATIENT	PATIENT NAME
PAT_DOB	PATIENT DATE OF BIRTH
PAT_SSN	PATIENT SOCIAL SECURITY NUMBER
LATEST_PAT_ENRL	LATEST PATIENT ENROLLMENT
PNT_UPD_DATE	CIPNT RECORD UPDATE DATE
FY	CURRENT FISCAL YEAR
HSR	HEALTH SERVICES REGION CODE
MTF	MILITARY TREATMENT FACILITY/AREA CODES
PAT_ZIP	PATIENT ZIP CODE (POS 1-5)
PAT_ENRL	ENROLLMENT STATUS
AMT_DEDUCT	AMOUNT APPLIED TOWARD DEDUCTIBLE
AMT_BILLED	AMOUNT BILLED
AMT_ALWD	AMOUNT ALLOWED
OHI	AMOUNT OF OTHER HEALTH INSURANCE
TPL	AMOUNT OF THIRD PARTY LIABILITY
COINS	PATIENT COINSURANCE
COPAY	PATIENT COPAYMENT
AMT_PAID	AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR
FYSUM_RCD_UPD	RECORD UPDATE DATE

CIVIEW.SUM_NAS

This view contains all of the data elements (columns) from the NAS Summary database. You should use this view when you want to run reports on summary NAS cost/workload data. For example: reports on all NAS claims within a given region or MTF code.

A query using this view with no additional selection criteria will return one row of summary NAS cost/workload data for each MTF code (catchment area), for each fiscal year.

There are three indexes available to the view. The index keys are:

Index 1	column MTF
Index 2	column REG
Index 3	column FY

COLUMN NAME	DATA ELEMENT
MTF	MILITARY TREATMENT FACILITY/AREA CODE
BOS	MTF OR OTHER AREA BRANCH OF SERVICE
RBOS	MTF/AREA REIMBURSABLE BRANCH OF SERVICE
UPD_DT	MEDICAL TREATMENT FACILITY UPDATE DATE
UPD_ID	MEDICAL TREATMENT FACILITY UPDATE ID

COLUMN NAME	DATA ELEMENT
MTF_NAME	MEDICAL TREATMENT FACILITY NAME
SHORT_NAME	MTF/AREA ABBREVIATED NAME
ADDRESSEE	MTF/AREA ADDRESSEE
ADDRESS1	MTF/AREA ADDRESS LINE ONE
ADDRESS2	MTF/AREA ADDRESS LINE TWO
CITY	MEDICAL TREATMENT FACILITY/AREA CITY
STATE	MEDICAL TREATMENT FACILITY/AREA STATE
ZIPCODE	MEDICAL TREATMENT FACILITY ZIP CODE
HSR	HEALTH SERVICES REGION CODE
HSRA	HEALTH SERVICES AREA TYPE CODE
FY	NAS SUMMARY DATE FISCAL YEAR
AMT_PD	NAS AMOUNT PAID BY GOV'T FI/CONTRACTOR
AMT_BILD	NAS AMOUNT BILLED TOTAL
AMT_ALWD	NAS AMOUNT ALLOWED
OHI	NAS AMOUNT OF OTHER HEALTH INSURANCE
CLAIMS	NAS CLAIM COUNT
ADMTS	NAS ADMISSIONS COUNT
ALWD_DAYS	NAS NUMBER OF HOSPITAL DAYS ALLOWED
VISITS	NAS NUMBER OF VISITS
SVCS	NAS NUMBER OF SERVICES
HCSRS	NAS HCSR COUNT
NAS_CT	NON-AVAILABILITY STATEMENT COUNT
AMT_PD_IP	NAS AMOUNT PAID BY GOV'T FI/CONTRACTOR
AMT_BILD_IP	NAS AMOUNT BILLED TOTAL INPATIENT
AMT_ALWD_IP	NAS AMOUNT ALLOWED INPATIENT
OHI_IP	NAS AMOUNT OF OTHER INSURANCE INPATIENT
CLAIMS_IP	NAS CLAIM COUNT INPATIENT
ADMTS_IP	NAS ADMISSIONS COUNT INPATIENT
ALWD_DAYS_IP	NAS NBR OF HOSPITAL DAYS ALLOWED INPATIENT
VISITS_IP	NAS NUMBER OF VISITS INPATIENT
SVCS_IP	NAS NUMBER OF SERVICES INPATIENT
HCSRS_IP	NAS HCSR COUNT INPATIENT
NAS_CT_IP	NON-AVAILABILITY STATEMENT COUNT INPATIENT

CIVIEW.MTF

This view contains all of the DMIS Area data elements (columns) from the DMIS Zipcode Directory database. This includes names and addresses for all of the MTFs, BRACs, STSs and State DMIS areas. You should use this view when you want to run reports on identifying DMIS areas.

A query using this view with no additional selection criteria will return one row of name and address data for every Catchment/Non-Catchment, STS and BRAC DMIS area.

There are two indexes available to the view. The index keys are:

Index 1   key is on column DMIS
Index 2   key is on column HSR

COLUMN NAME	DATA ELEMENT
DMIS	MILITARY TREATMENT FACILITY/AREA CODES
BOS	MTF OR OTHER AREA BRANCH OF SERVICE
RBOS	MTF/AREA REIMBURSABLE BRANCH OF SERVICE
DMIS_NAME	MTF/AREA NAME
SHORT_NAME	MTF/AREA ABBREVIATED NAME
ADDRESSEE	MTF/AREA ADDRESSEE
ADDRESS1	MTF/AREA ADDRESS LINE ONE
ADDRESS2	MTF/AREA ADDRESS LINE TWO
CITY	MTF/AREA CITY
STATE	MTF/AREA STATE
ZIPCODE	MTF/AREA ZIP CODE
HSR	HEALTH SERVICE REGION
HSRA	HEALTH SERVICE AREA TYPE
STS	SPECIALIZED TREATMENT SERVICES NAME
STS_IND	SPECIALIZED TREATMENT SERVICES INDICATOR

CIVIEW.MTFZIP

This view contains all of the data elements associated with assigning 5-digit zip codes to DMIS areas and Health Service regions. You should use this view when you want to report on all active and historical zip code assignments to DMIS areas.

A query using this view with no additional selection criteria will return one row of data for every zip code assignment maintained on the DMIS Zipcode Directory.

There are two indexes available to the view. The index keys are:

Index 1   key is on column DMIS
Index 2   key is on column HSR

COLUMN NAME	DATA ELEMENT
DMIS_NAME	MTF/AREA NAME
SHORT_NAME	MTF/AREA ABBREVIATED NAME
DMIS	MTF/AREA CODES
ZIPCODE	DMIS ZIPCODE
DISTANCE	MTF/AREA ZIPCODE DISTANCE
STATUS	MTF/AREA ZIPCODE STATUS
EFF_DATE	MTF/AREA EFFECTIVE DATE
TERM_DATE	MTF/AREA TERMINATION DATE
HSR	HEALTH SERVICE REGION
HSRA	HEALTH SERVICE AREA TYPE

Alphabetical HCSR Fields Cross-Reference

HCSR Institutional Summary File

dBase Field Names	Date Element Name in the Data Dictionary	ADP Manual Name
A_CLM_CT	ADMINISTRATIVE CLAIM COUNT CODE	*
ADJ_CD	REASON FOR ADJUSTMENT	REASON FOR ADJUSTMENT
ADJ_DT	DATE ADJUSTMENT IDENTIFIED	DATE ADJUSTMENT IDENTIFIED
ADMT_CT	ADMISSION COUNT CODE	*
ADMT_CT	ADMISSION COUNT CODE	ADMISSION COUNT CODE
ADMT_DT	ADMISSION DATE	ADMISSION DATE
ADMT_DX	ADMISSION DIAGNOSIS	ADMISSION DIAGNOSIS
ADMT_SRC	SOURCE OF ADMISSION	SOURCE OF ADMISSION
ADMT_TYP	TYPE OF ADMISSION	TYPE OF ADMISSION
AFF	PROVIDER CONTRACT AFFILIATION CODE	PROVIDER CONTRACT AFFILIATION CODE
AGE	PATIENT AGE	*
ALWD_DAYS	NAS NUMBER OF HOSPITAL DAYS ALLOWED	NAS NUMBER OF HOSPITAL DAYS ALLOWED
ALWD_OHI	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	AMOUNT ALLOWED BY OTHER HEALTH INSURANCE
AMT_ALWD	AMOUNT ALLOWED	AMOUNT ALLOWED
AMT_BILLED	AMOUNT BILLED	AMOUNT BILLED
AMT_PAID	AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR	AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR
AMT_PP	AMOUNT PAYMENT PENALTY	*
B_CAT	BENEFICIARY CATEGORY	BENEFICIARY CATEGORY
B_CLM_CNT	BENEFIT CLAIM COUNT CODE	*
BATCH_DT	BATCH DATE	BATCH DATE
BATCH_RESUB	BATCH RESUBMISSION NUMBER	BATCH RESUBMISSION NUMBER
BATCH_SEQ	BATCH SEQUENCE NUMBER	BATCH SEQUENCE NUMBER
BBOS	BILLABLE BRANCH OF SERVICE	BILLABLE BRANCH OF SERVICE
BILL_FREQ	BILL FREQUENCY CODE	BILL FREQUENCY CODE
BILL_STATS	BILLING CLASSIFICATION CODE	BILLING CLASSIFICATION CODE
BIRTHS	NUMBER OF BIRTHS	NUMBER OF BIRTHS
BMTF	BILLABLE MTF CODE	BILLABLE MTF CODE
BOS	SPONSOR BRANCH OF SERVICE	SPONSOR BRANCH OF SERVICE
CARE_BEG	INSTITUTIONAL BEGIN DATE OF CARE	BEGIN DATE OF CARE (INSTITUTIONAL)
CARE_END	INSTITUTIONAL END DATE OF CARE	END DATE OF CARE (INSTITUTIONAL)
CARE_FY	ENDING DATE OF CARE, FISCAL YEAR	*
CATCARE	CATEGORY OF CARE	*
CLAIM	INTERNAL CONTROL NUMBER	INTERNAL CONTROL NUMBER (ICN)
CLAIM_TYPE	PROGRAM INDICATOR	PROGRAM INDICATOR
CLM_CT	CLAIM COUNT CODE	*
CNTR	CONTRACTOR NUMBER	FI/CONTRACTOR NUMBER
COINS	PATIENT COINSURANCE	PATIENT COINSURANCE
CONTRACT	CONTRACT NUMBER	CONTRACT NUMBER

Database Views and HCSR Fields

dBase Field Names	Date Element Name in the Data Dictionary	ADP Manual Name
COPAY	PATIENT COPAYMENT	PATIENT COPAYMENT
CYCLE	CYCLE NUMBER	*
DDRG	DIAGNOSES RELATED GROUP DERIVED CODE	DIAGNOSES RELATED GROUP DERIVED CODE
DEPT	HOSPITAL DEPARTMENT NUMBER	HOSPITAL DEPARTMENT NUMBER
DIS_PCT	DISCOUNT AGREEMENT PERCENTAGE	DISCOUNT AGREEMENT PERCENTAGE
DMDC	TRICARE DERIVED MAJOR DIAGNOSTIC CATGRY.	TRICARE DERIVED MAJOR DIAGNOSTIC CATGRY.
DRG	DIAGNOSIS RELATED GROUP NUMBER	DRG NUMBER
DRG_GR	DRG GROUPER EDITION	DRG GROUPER EDITION
DRG_PR	DRG PRICER EDITION	DRG PRICER EDITION
DXS1	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS-1
DXS2	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS-2
DXS3	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS-3
DXS4	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS-4
DXS5	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS-5
DXS6	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS-6
DXS7	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS-7
DXS8	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS-8
ENRL	ENROLLMENT STATUS	ENROLLMENT STATUS
ENRL_DMISID	DMIS CODE AUTHORIZATION	DMIS CODE AUTHORIZATION
FORM	CLAIM FORM TYPE	CLAIM FORM TYPE
GRADE	SPONSOR PAY GRADE	SPONSOR PAY GRADE
H_ACC_DT	RECORD ACCEPTANCE DATE	RECORD ACCEPTANCE DATE
HSR	HEALTH SERVICES REGION CODE	*
ICD	DIAGNOSIS EDITION IDENTIFIER	DIAGNOSIS EDITION IDENTIFIER
ICDI	DIAGNOSIS EDITION IDENTIFIER	DIAGNOSIS EDITION IDENTIFIER
MBOS	MTF OR OTHER AREA BRANCH OF SERVICE	MTF OR OTHER AREA BRANCH OF SERVICE
MDC	MAJOR DIAGNOSTIC SURGERY	MAJOR DIAGNOSTIC SURGERY
MTF	MILITARY TREATMENT FACILITY/AREA CODE	MILITARY TREATMENT FACILITY/AREA CODE
NAS_NO	NON-AVAILABILITY STATEMENT NUMBER	NONAVAILABILITY STATEMENT NUMBER
NXR	NAS EXCEPTION REASON	NAS EXCEPTION REASON
OHI	AMOUNT OF OTHER HEALTH INSURANCE	AMOUNT OF OTHER HEALTH INSURANCE
OPS1	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE-1

dBase Field Names	Date Element Name in the Data Dictionary	ADP Manual Name
OPS2	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE-2
OPS3	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE-3
OPS4	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE-4
OPS5	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE	SECONDARY OPERATION/NONSURGICAL PROCEDURE CODE-5
OVR	OVERRIDE CODE	OVERRIDE CODE
PART	PROVIDER PARTICAPATION INDICATOR	PROVIDER PARTICIPATION INDICATOR
PAT_DOB	PATIENT DATE OF BIRTH	PATIENT DATE OF BIRTH
PAT_SSN	PATIENT SOCIAL SECURITY NUMBER	PATIENT SSN
PATDISP	DISCHARGE STATUS	DISCHARGE STATUS
PATIENT	PATIENT NAME	PATIENT NAME
PATPAY	TOTAL PATIENT PAY	*
PATZIP	PATIENT ZIP CODE	PATIENT ZIP CODE
PLAN	HEALTH CARE PLAN CODE	HEALTH CARE PLAN CODE
POSTAL_ST	PROVIDED POSTAL STATE	PROVIDED POSTAL STATE
PRIN_DX	PRINCIPAL TREATMENT DIAGNOSIS	PRINCIPAL TREATMENT DIAGNOSIS
PRINOP	PRINCIPAL OPERATION/ NONSURGICAL PROCEDURE CODE	PRINCIPAL OPERATION/ NONSURGICAL PROCEDURE CODE
PRINOP	PRINCIPAL OP/NONSURGICAL PROP CODE	PRINCIPAL OP/NONSURGICAL PROP CODE
PROVIDER_I	PROVIDER TAXPAYER NUMBER	PROVIDER TAXPAYER NUMBER
PROVZIP	PROVIDER ZIP CODE DIGITS 1 THROUGH 5	PROVIDER ZIP CODE
PTC_DT	DATE HCSR PROCESSED TO COMPLETION - GREGORIAN	DATE HCSR PROCESSED TO COMPLETION
RDCTN_DA	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES
REC_TYPE	RECORD TYPE INDICATOR	RECORD TYPE INDICATOR
REL	PATIENT RELATIONSHIP TO SPONSOR	PATIENT RELATIONSHIP TO SPONSOR
REQUEST	N/A	N/A
REV_CT	REVENUE DATA OCCURRENCE COUNT	REVENUE DATA OCCURRENCE COUNT
RFI	REASON FOR ISSUANCE	REASON FOR ISSUANCE
RPM_CD	TYPE OF NET RECORD	TYPE OF NET RECORD
RPP	REASON PAYMENT PENALTY	*
RQST_DATE	N/A	N/A
RQST_TIME	N/A	N/A
SEX	PATIENT SEX	PATIENT SEX
SP_RT	SPECIAL RATE CODE	SPECIAL RATE CODE
SPC	SPECIAL PROCESSING CODE	SPECIAL PROCESSING CODE
SPEC	TYPE OF INSTITUTION	TYPE OF INSTITUTION
SPEC_CD	TYPE OF INSTITUTION CODE	TYPE OF INSTITUTION CODE

dBase Field Names	Date Element Name in the Data Dictionary	ADP Manual Name
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER	SPONSOR SOCIAL SECURITY NUMBER
SRCH	SOURCE OF HEALTH CARE DATA	SOURCE OF HEALTH CARE DATA
ST_CNTRY_NAME	PROVIDER STATE OR COUNTRY CODE NAME	PROVIDER STATE OR COUNTRY CODE NAME
STATE	PROVIDER STATE OR COUNTRY CODE	PROVIDER STATE OR COUNTRY CODE
STATUS	SPONSOR STATUS	SPONSOR STATUS
SUBID	PROVIDER SUB IDENTIFIER	PROVIDER SUB-IDENTIFIER
TOT_DAYS	TOTAL BED DAYS	TOTAL BED DAYS
TPL	AMOUNT OF THIRD PARTY LIABILITY	AMOUNT OF THIRD PARTY LIABILITY
USER_ID	N/A	N/A
V_CREATE_DT	VOUCHER PROCESSING DATE	VOUCHER PROCESSING DATE
V_NOTICE_DT	VOUCHER NOTICE DATE	VOUCHER NOTICE DATE
VOUCHER	VOUCHER NUMBER	VOUCHER NUMBER

HCSR Institutional Detail File

dBase Field Names	Date Element Name in the Data Dictionary	ADP Manual Name
CLAIM	INTERNAL CONTROL NUMBER	INTERNAL CONTROL NUMBER (ICN)
CNTR	CONTRACTOR NUMBER	FI/CONTRACTOR NUMBER
OCC_CT	DETAIL OCCURRENCE COUNT	*
RDNL	DENIAL REASON CODE	DENIAL REASON CODE
REQUEST	N/A	N/A
REV_CD	REVENUE CODE	REVENUE CODE
REV_CHG	TOTAL CHARGE BY REVENUE CODE	TOTAL CHARGE BY REVENUE CODE
REV_SVCS	UNITS OF SERVICES BY REVENUE CODE	UNITS OF SERVICE BY REVENUE CODE
RQST_DATE	N/A	N/A
RQST_TIME	N/A	N/A
USER_ID	N/A	N/A

HCSR Non-Institutional Summary File

dBase Field Names	Date Element Name in the Data Dictionary	ADP Manual Name
A_CLM_CT	ADMINISTRATIVE CLAIM COUNT CODE	*
ADJ_CD	REASON FOR ADJUSTMENT	REASON FOR ADJUSTMENT
ADJ_DT	DATE ADJUSTMENT IDENTIFIED	DATE ADJUSTMENT IDENTIFIED
AFF	PROVIDER CONTRACT AFFILIATION CODE	PROVIDER CONTRACT AFFILIATION CODE
AGE	PATIENT AGE	PATIENT AGE
ALWD_OHI	AMOUNT ALLOWED BY OTHER HEALT H INSURANCE	AMOUNT ALLOWED BY OTHER HEALT H INSURANCE
AMT_ALWD	AMOUNT ALLOWED	AMOUNT ALLOWED
AMT_BILLED	AMOUNT BILLED	AMOUNT BILLED
AMT_DEDUCT	AMOUNT APPLIED TOWARD DEDUCTIBLE	AMOUNT APPLIED TOWARD DEDUCTIBLE
AMT_PAID	AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR	AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR
AMT_PP	AMOUNT PAYMENT PENALTY	*
B_CAT	BENEFICIARY CATEGORY	BENEFICIARY CATEGORY
B_CLM_CNT	BENEFIT CLAIM COUNT CODE	*
BATCH_DT	BATCH DATE	BATCH DATE

dBase Field Names	Date Element Name in the Data Dictionary	ADP Manual Name
BATCH_RESUB	BATCH RESUBMISSION NUMBER	BATCH RESUBMISSION NUMBER
BATCH_SEQ	BATCH SEQUENCE NUMBER	BATCH SEQUENCE NUMBER
BBOS	BILLABLE BRANCH OF SERVICE	BILLABLE BRANCH OF SERVICE
BMTF	BILLABLE MTF CODE	BILLABLE MTF CODE
BOS	SPONSOR BRANCH OF SERVICE	SPONSOR BRANCH OF SERVICE
CARE_CT	UTILIZATION DATA OCCURRENCE COUNT	UTILIZATION DATA OCCURRENCE COUNT
CARE_FY	ENDING DATE OF CARE, FISCAL YEAR	*
CLAIM	INTERNAL CONTROL NUMBER	INTERNAL CONTROL NUMBER (ICN)
CLAIM_TYPE	PROGRAM INDICATOR	PROGRAM INDICATOR
CLM_CT	CLAIM COUNT CODE	*
CMAC_NBR	TRICARE PRICING LOCALITY NUMBER	PRICING LOCALITY CODE
CNTR	CONTRACTOR NUMBER	CONTRACTOR NUMBER
COINS	PATIENT COINSURANCE	PATIENT COINSURANCE
CONTRACT	CONTRACT NUMBER	CONTRACT NUMBER
COPAY	PATIENT COPAYMENT	PATIENT COPAYMENT
CYCLE	CYCLE NUMBER	*
DED	DEDUCTIBLE FLAG	*
DEPT	HOSPITAL DEPARTMENT NUMBER	HOSPITAL DEPARTMENT NUMBER
DIS_PCT	DISCOUNT AGREEMENT PERCENTAGE	DISCOUNT AGREEMENT PERCENTAGE
DMDC	TRICARE DERIVED MAJOR DIAGNOSTIC CATGRY.	TRICARE DERIVED MAJOR DIAGNOSTIC CATGRY.
DXS1	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS
DXS2	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS
DXS3	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS
DXS4	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS
DXS5	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS
DXS6	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS
DXS7	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS
DXS8	SECONDARY TREATMENT DIAGNOSIS	SECONDARY TREATMENT DIAGNOSIS
ENRL	ENROLLMENT STATUS	ENROLLMENT STATUS
ENRL_DMISID	DMIS CODE AUTHORIZATION	DMIS CODE AUTHORIZATION
FORM	CLAIM FORM TYPE	CLAIM FORM TYPE
GRADE	SPONSOR PAY GRADE	SPONSOR PAY GRADE
H_ACC_DT	RECORD ACCEPTANCE DATE	RECORD ACCEPTANCE DATE
HSR	HEALTH SERVICES REGION CODE	*
ICD	DIAGNOSIS EDITION IDENTIFIER	DIAGNOSIS EDITION IDENTIFIER
MBOS	MTF OR OTHER AREA BRANCH OF SERVICE	MTF OR OTHER AREA BRANCH OF SERVICE
MDC	MAJOR DIAGNOSTIC SURGERY	MAJOR DIAGNOSTIC SURGERY
MTF	MILITARY TREATMENT FACILITY/AREA CODE	MILITARY TREATMENT FACILITY/AREA CODE
NAS_NO	NON-AVAILABILITY STATEMENT NUMBER	NONAVAILABILITY STATEMENT NUMBER
NXR	NAS EXCEPTION REASON	NAS EXCEPTION REASON
OHI	AMOUNT OF OTHER HEALTH INSURANCE	AMOUNT OF OTHER HEALTH INSURANCE

dBase Field Names	Date Element Name in the Data Dictionary	ADP Manual Name
OVR	OVERRIDE CODE	OVERRIDE CODE
PART	PROVIDER PARTICAPATION INDICATOR	PROVIDER PARTICIPATION INDICATOR
PAT_DOB	PATIENT DATE OF BIRTH	PATIENT DATE OF BIRTH
PAT_SSN	PATIENT SOCIAL SECURITY NUMBER	PATIENT SSN
PATIENT	PATIENT NAME	PATIENT NAME
PATPAY	TOTAL PATIENT PAY	*
PATZIP	PATIENT ZIP CODE	PATIENT ZIP CODE
PLAN	HEALTH CARE PLAN CODE	HEALTH CARE PLAN CODE
POSTAL_ST	PROVIDED POSTAL STATE	PROVIDED POSTAL STATE
PRIN_DX	PRINCIPAL TREATMENT DIAGNOSIS	PRINCIPAL TREATMENT DIAGNOSIS
PROVIDER_I	PROVIDER TAXPAYER NUMBER	PROVIDER TAXPAYER NUMBER
PROVZIP	PROVIDER ZIP CODE DIGITS 1 THROUGH 5	PROVIDER ZIP CODE
PTC_DT	DATE HCSR PROCESSED TO COMPLETION - GREGORIAN	DATE HCSR PROCESSED TO COMPLETION
RDCTN_DA	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES
REC_TYPE	RECORD TYPE INDICATOR	RECORD TYPE INDICATOR
REL	PATIENT RELATIONSHIP TO SPONSOR	PATIENT RELATIONSHIP TO SPONSOR
REQUEST	N/A	N/A
RFI	REASON FOR ISSUANCE	REASON FOR ISSUANCE
RPM_CD	TYPE OF NET RECORD	*
RPP	REASON PAYMENT PENALTY	*
RQST_DATE	N/A	N/A
RQST_TIME	N/A	N/A
SEX	PATIENT SEX	PATIENT SEX
SP_RT	SPECIAL RATE CODE	SPECIAL RATE CODE
SPC	SPECIAL PROCESSING CODE	SPECIAL PROCESSING CODE
SPEC	TYPE OF INSTITUTION	PROVIDER SPECIALTY
SPEC_CD	TYPE OF INSTITUTION CODE	TYPE OF INSTITUTION CODE
SPON_SSN	SPONSOR SOCIAL SECURITY NUMBER	SPONSOR SOCIAL SECURITY NUMBER
SRCH	SOURCE OF HEALTH CARE DATA	SOURCE OF HEALTH CARE DATA
ST_CNTRY_NAME	PROVIDER STATE OR COUNTRY CODE NAME	PROVIDER STATE OR COUNTRY CODE NAME
STATE	PROVIDER STATE OR COUNTRY CODE	PROVIDER STATE OR COUNTRY CODE
STATUS	SPONSOR STATUS	SPONSOR STATUS
SUBID	PROVIDER SUB IDENTIFIER	PRIVIDER SUB-IDENTIFIER
TPL	AMOUNT OF THIRD PARTY LIABILITY	AMOUNT OF THIRD PARTY LIABILITY
USER_ID	N/A	N/A
V_CREATE_DT	VOUCHER PROCESSING DATE	VOUCHER PROCESSING DATE
V_NOTICE_DT	VOUCHER NOTICE DATE	VOUCHER NOTICE DATE
VOUCHER	VOUCHER NUMBER	VOUCHER NUMBER

HCSR Non-Institutional Detail File

dBase Field Names	Date Element Name in the Data Dictionary	ADP Manual Name
CARE_BEG	NONINSTITUTIONAL BEGIN DATE OF CARE	BEGIN DATE OF CARE (NON-INSTITUTIONAL)
CARE_END	NONINSTITUTIONAL END DATE OF CARE	END DATE OF CARE (NON-INSTITUTIONAL)
CATCARE	CATEGORY OF CARE	*
CLAIM	INTERNAL CONTROL NUMBER	INTERNAL CONTROL NUMBER (ICN)
CNTR	CONTRACTOR NUMBER	FI/CONTRACTOR NUMBER

dBase Field Names	Date Element Name in the Data Dictionary	ADP Manual Name
LI_ALWD	AMOUNT ALLOWED BY PROCEDURE CODE	AMOUNT ALLOWED BY PROCEDURE CODE
LI_BILLED	TOTAL CHARGES BY PROCEDURE CODE	TOTAL CHARGES BY PROCEDURE CODE
LI_PR_AMT	ESTIMATED AMOUNT PAID BY PROCEDURE CODE	CREATED BY 'ELIPS' APPLICATION
MODIFR	CPT-4 MODIFIER	CPT-4 MODIFIER
OCC_CT	DETAIL OCCURRENCE COUNT	*
POS	PLACE OF SERVICE	PLACE OF SERVICE
PRI_PROC_FL	PRIMARY PROCEDURE FLAG	PRIMARY PROCEDURE FLAG
PRICE_CD	PRICING CODE	PRICING CODE
PRICE_YR	PRICING PROFILE YEAR	PRICING PROFILE
PROC_CD	PROCEDURE CODE	PROCEDURE CODE
PROC_TXT	PROCEDURE TEXT IDENTIFIER	PROCEDURE TEXT IDENTIFIER
RDNL	DENIAL REASON CODE	DENIAL REASON CODE
REQUEST	N/A	N/A
RQST_DATE	N/A	N/A
RQST_TIME	N/A	N/A
SVCS	NUMBER OF SERVICES	NUMBER OF SERVICES
TOS	TYPE OF SERVICE	TYPE OF SERVICE
USER_ID	N/A	N/A
VISITS	NUMBER OF VISITS	NUMBER OF VISITS

* Not in ADP Manual because either a calculated or derived field.

    Note: For further information on these data elements, access the "Data Dictionary" at the TMA Web site home page at **www.tricare.osd.mil**. Select **Data Dictionary** from the **A-to-Z Site List** search box and click **Go!** button.

CA-Visual Express®

Database Object Description

Storage

```
┌─────────────────┐
│                 │
│      Table      │
│                 │
└─────────────────┘
```

```
┌─────────────────┐
│                 │
│      Query      │
│                 │
└─────────────────┘
```

Question

```
┌─────────────────┐          ┌─────────────────┐
│                 │          │                 │
│      Form       │          │     Report      │
│                 │          │                 │
└─────────────────┘          └─────────────────┘
```

Input or View Data   Output
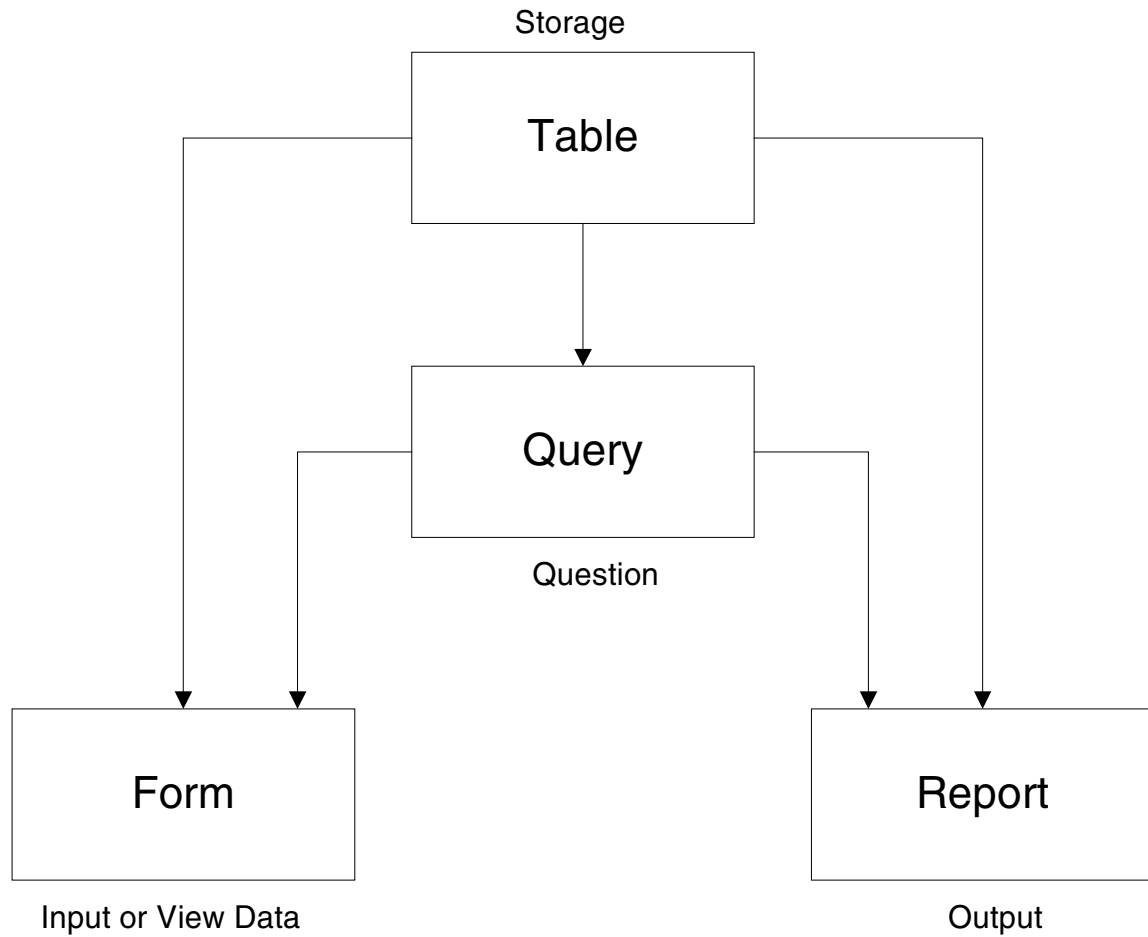
Data is stored in tables in the database. Queries are the tools used to ask questions and get answers about the data. Forms are used to input data or display the data from either a query or table. Reports are used to output data from either a query or table.

Steps to Create a Query and Export to Access or Excel

1. Open **Visual Express**

2. Login to the **TMA database**

3. Click on the **New Query** icon
                    or
    Select **New Query** from the File menu

4. Select **ONE [1] table**

5. Select **columns**

6. Select **conditions**

7. **Run** the query

8. Press **Ctrl+End** to load all records

9. While in the Result Browser **Export** the results (**File/ Export**)

10. In the **Export Data** window,
    Make sure **Include Header** check box is selected
    Select **DBase IV** from the **Save File as Type** drop-down list
    Select **Drives** and **Directories** path to save to
    Type a **File Name**
    Note: Make sure the .dbf extension is included in the name
    *Click **OK**
11. **Close** the Result Browser and Visual Express

12. **Open** Microsoft Access, and
    Open an existing database or
    Select **File/New** to create a new database
    Note: Make sure the Tables tab is selected

13. Select **File/Get External Data** and
    Select **Import**

14. In the **Import** window,
    Use the **Look In** box to **Browse** to the drive and directory where you saved the
    .dbf file [in step 2]
    Select **DBase IV** from the **Files of Type** drop-down list
    Click once to select the **.dbf** file you want to import
    Click **Import**

15. Once you have received the confirmation window stating that the import has been successful, you can either **Close** the window or import another file

*If you receive a message that the data you are trying to save to dBase is too large, you will need to:

1. **Export** from VX to Excel

2. **Open** the Excel spreadsheet

3. Select **File/Save As** and save the spreadsheet as **Files of Type**: **Microsoft Excel 97 & 5.0/95 Workbook (.xls)** and **Rename** the file
   Note: the version that VX defaults to when it exports to Excel is version 2.1

Steps to Create Queries and Reports in Visual Express

1. Login to the **TMA database**

2. Click on the **New Query** icon
   or
   Select **New Query** from the File menu

3. Select **ONE [1] table**

4. Select **columns**

5. Select **conditions**

6. **Run** the query

7. Press **CTRL+END** to load all records

8. **Save** query
   or
   Click the icon to **save query to local database**

9. **Close** the Result Browser

10. Connect to **Velocal** (File/Connect to database)

11. Create a **New Query**

12. Select table

13. Add/edit **conditions**

14. Add **sorts** on **Velocal only**

15. **Run** the query

16. **Close** the Result Browser

17. Click on the **Create Report** icon

18. **Run** the report

19. **Print** the report

Steps to Edit a Report

Understanding Report Design View

♦ All labels and text appear in black

♦ All fields display in blue

The left-most column of the screen displays acronyms for each section of the report. The sections define the basic layout of the report. This table includes the report sections most typically included by TMA/TRICARE end users. For a description of additional sections available for VX reports, please refer to "Working with Sections" in the Computer Associates® CA-Visual Express User Guide that accompanied your software.

By default, the Page Header and Body sections are generated when you begin designing a report.

Section ID	Section Name	Section Description
PH	Page Header	Page Header contains information that will appear on each page of the printed report. Typical information included in this section are logos, dates, subtitles, or the Field (or column) labels.
B	Body	This is the area where the line item rows of data from your query will appear. This section usually includes the Field (data) itself. A line item for each record from your query will appear in this section on your printed report.
GF	Group Footer	Appears at the end of a group of user defined records and is designed to contain subtotals for a group of data. For example, if you want a subtotal of the government payments made for each different provider in your report, you would create a group footer to display this summary data.
RF	Report Footer	This section appears at the bottom of your report and is typically used to display grand total summary data.

Change Report Headings

1. Select the sample report title text and type the text you want to replace it with.

2. Select the other sample headings and either replace the text or press the **Delete** key to remove.

3. To insert a field in the report title, position the cursor where you want the field to print.

4. From the **Insert** drop-down menu, select **Field** and then select the **Field Name** from the available list.

5. Click **OK**.

Widen Columns

1. Click anywhere on a report row to activate the column markers (↓) on the ruler (appearing above the Page Header section of the report viewer).

2. Click on the column marker, depress the left mouse button and drag the column marker to the desired width.

Change Column Labels

1. **Click + Hold + Drag** across the **Label** text.

2. Type the new **Label** text.

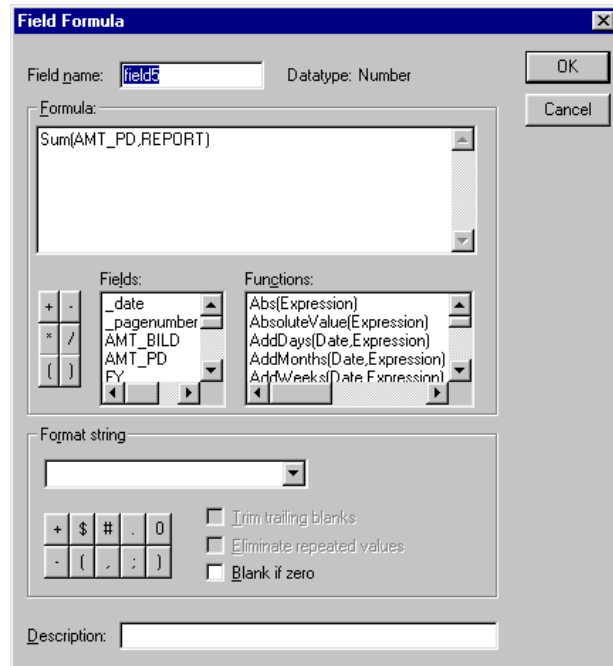   📄 *Note:* Labels can contain spaces. Label text is presented by default in black in the report viewer.

Add Report Footer

1. From the **Insert** drop-down menu, select **Section**. The **Insert Section** window is displayed.
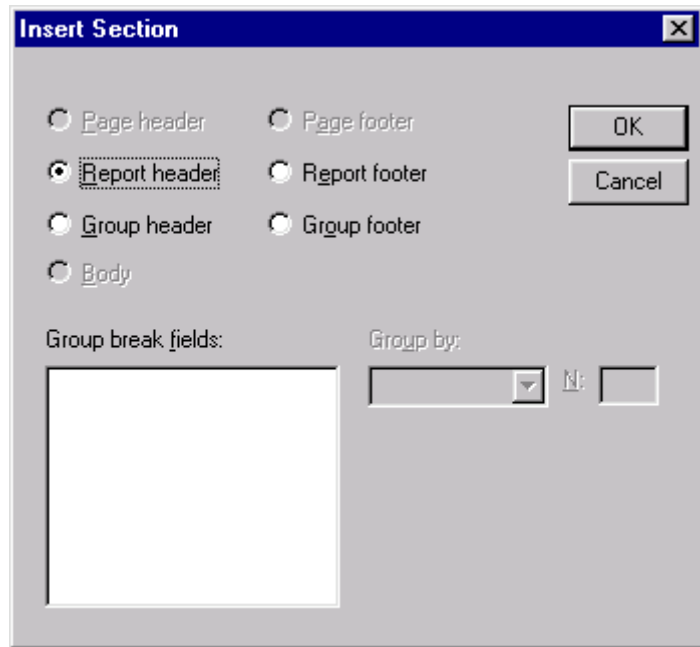
2. Click the radio button next to **Report Footer**.

3. Click **OK** — this has now generated a single text row.

Convert Text To Row

To format your new Row so that it is separated into columns mirroring the rest of your report,

1. Click one time in the new text row.

2. From the **Table** drop-down menu, select **Convert Text to Row**.

Insert Count Field

1. In the **Report Footer** section, click in the empty cell below the column of data you wish to count.

2. From the **Insert** drop-down menu, select **Field**. The **Insert Field** window is displayed.
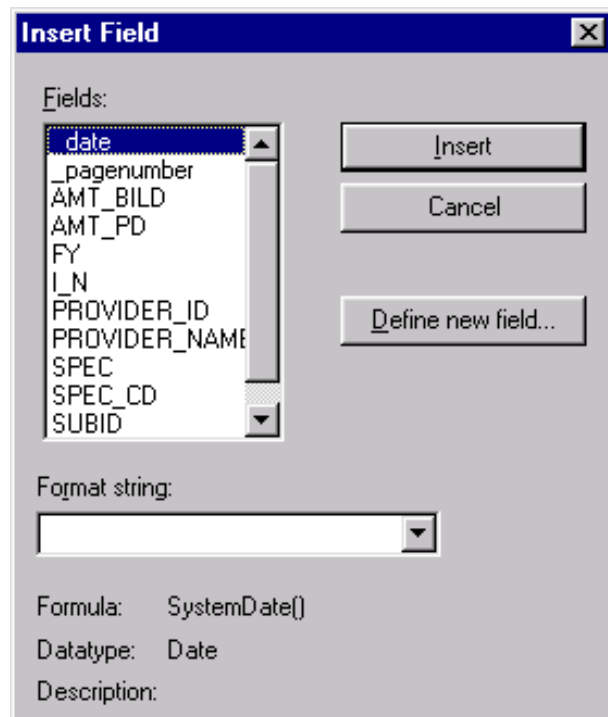
3. Click the **Define** new field button. The **Field Formula** window is displayed.
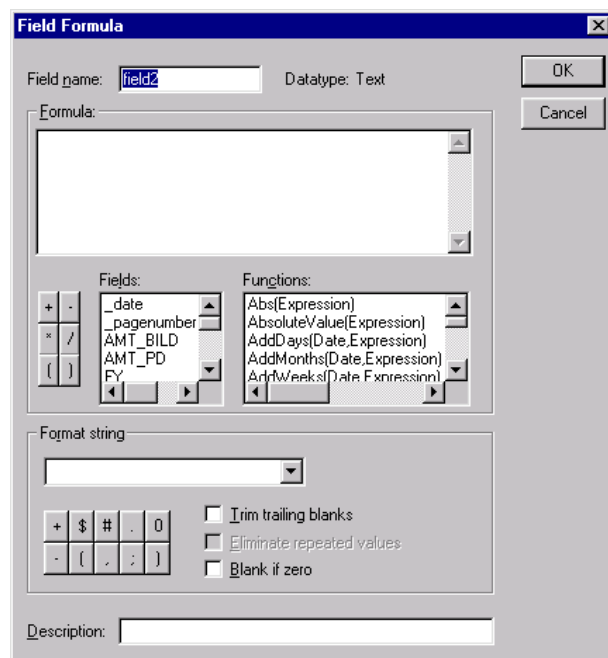
4. Type a new field name over the highlighted text (cannot include spaces or special characters).

5. In the **Function** list box, scroll until you see a function named **Count**.

6. Double-click **Count**.

7. Click **OK** to verify that you are doing a count for the entire report.

8. Click **OK** and then click **Insert**.

Add Group Footer

1. From the **Insert** drop-down menu, select **Section**. The **Insert Section** window is displayed.
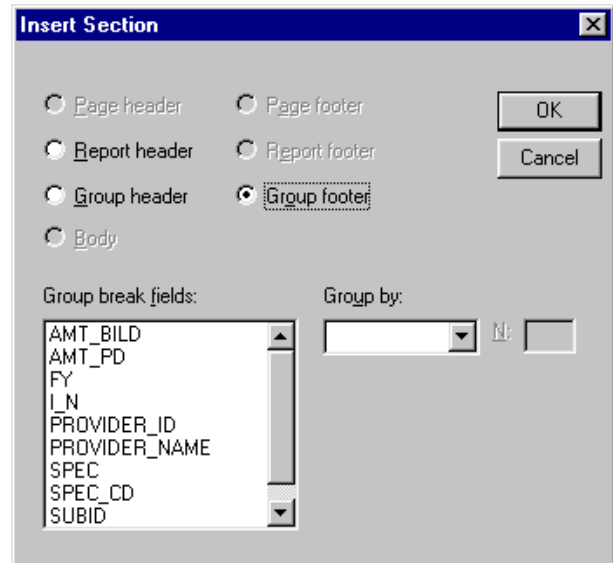
2. Select **Group Footer**.

3. Select the field you want to group by from the Group break fields list.

4. Click **OK**.

Insert Sum Field and Format As Currency

1. In the **Group Footer** section, click in the empty cell below the column of data you wish to sum (add).

2. Click the **Sum** button on the toolbar. The **Field Formula** is window is displayed.

3. Type a new field name over the highlighted text (cannot contain spaces or special characters).

4. From the **Format** string drop-down list, select **Currency**.

5. Click **OK**.

How to Modify an Existing CDIS Express Report

1. Open Visual Express and connect to the TMA mainframe database.

2. From the pull-down menu, select **File** and **Open Report**.

3. Go to the **c:\cavx\cdisxprs** directory.

4. Select the .ret report definition you want to modify (you are viewing the report in design view).

5. From the pull-down menu, select **Query/Edit Query** (to view the .qbe query definition).

6. Make changes to the query, such as:

   - Click the column check boxes to select or deselect columns to show on the report

   - Change the conditions

7. Click the **Run** icon to run the query.

8. Close the Result Browser.

9. From the Window pull-down menu, select the **Report Writer** entry.

10. Make changes to the report, such as:

    - Change the title and subtitle

    - Add group or report footers and create count, sum, or other calculated fields

11. From the pull-down menu, select **File** and **Save As**.

12. Change the name of the report and save it to a different location.

    Note: **Do not** save it in the **c:\cavx\cdisxprs** directory – You may save it to **c:\cavx** if you wish.

Visual Express and CDIS Express Tips

This section describes some common problems you may encounter while working with Visual Express, and some tips to help you use CDIS and Visual Express as easily and efficiently as possible.

1. Make sure to type your password correctly. Visual Express will not give you an error message if you type your password incorrectly when signing on. Instead, you will get an error message when you try to run your report. You will have to exit your Visual Express session, close the CA-OpenIngres Desktop Application (which has remained open on the task bar), start another session, and sign on again.

2. Visual Express is case sensitive and all data is stored in upper case. If you type your values in lower case or initial caps, your report will not contain any results.

3. While you preview or print a report, you cannot do anything else. CDIS Express is generating your report while you wait. If the status line in the lower left-hand corner says "Generating Page 1" or an hourglass is displayed, your report is generating. You cannot escape or cancel while a report is generating. If you get hung up, contact the Help Desk at 1-800-600-9332 (CONUS) or 1-800-981-5339 (OCONUS). Follow the phone menu instructions for CDIS support (currently [11/01], select Option 8 for EI/DS Support, then Option 4for CDIS support).

4. When you preview a report before printing, the report is regenerated when you print it. This may take awhile. When you preview all pages of a report and then return to the first page, the report will regenerate.

5. Note that you can also get the message "You do not have permission to execute the SQL statement" if there is an error in your query. An example of this would be a query with a "sum" operator on a column, but without "group" operators on the other columns.

6. The views all have indexes which can be used to retrieve data in the most efficient way possible. For example, all of the views that can be used to query on CDIS extracts have an index on the REQUEST column. When running a query against an extract that you created in CDIS, you should specify the name of the CDIS extract as the selection criteria in the REQUEST column for quickest response time. Please note that if you enter the selection criteria on an indexed column as a mask, or do not specify selection criteria on any indexed column, your query will use an area sweep to access the data, which will take much longer to perform. Please see "**TRICARE Database Views**" on beginning on page 39 to see which columns are indexed in each view.

7. If you are running a query against an extract that you created in CDIS, you should specify the name of the CDIS extract as the selection criteria in the **REQUEST** column, as noted above. However, you **should not** enter your User ID. The system will only let you query against your own CDIS extract data. If you do enter selection criteria on the user-id column, your query may run much longer than necessary.

8. A CDIS extract will only remain available for queries for seven days. If you cannot finish your queries against a CDIS extract within one week, you should download all of the data

from your extract to the VELOCAL database, or export it to another file type on your PC. We recommend that you "delete" a CDIS extract off of the mainframe as soon as you have finished querying against it.

9. When you are exporting query results from the Result Browser, be sure to scroll to the end of the file before initiating the export. You scroll to the end of the result file by pressing **CTRL-END**. If you do not scroll to the end of the file, the system may not export all of the rows.

10. It is recommended that you exit a Visual Express session before opening an MS DOS session under Windows. The results when you reenter Visual Express are unpredictable if you just minimize the VX session rather than exiting.

11. The Result Browser is designed primarily for viewing query results online. When you direct a query result to print from the Result Browser, Visual Express may truncate data in some of the columns. It is recommended that you use the Report Writer to create a report that will be printed.

12. Visual Express displays messages in the gray status bar at the bottom of the window. The messages may describe current activity, or the results of an activity. VX also uses the status bar to display information about toolbar buttons and commands. Once you have submitted a Visual Express query, you should move the cursor pointer off of the toolbar button. Just move the pointer down to the middle of the screen. Otherwise, Visual Express will display the name of the push button that the cursor is pointing to rather than the status of the current query.

13. When Visual Express is used on systems with certain combinations of operating systems and communications software, the cursor pointer will not always change to an hourglass display when a query is running. One such combination is Windows for Workgroups (version 3.1.1) and Chameleon. In this case, it is important to look at the gray status bar at the bottom of the window to determine the status of a query. Note that if you open any other windows while a VX query is running, the system may get a protection fault.

14. Due to the size of the TRICARE databases, and to the fact that many of the views already pre-join tables for you, you **should not** ever join two views together in a single query. Your results will be unpredictable, or your query could even cause the system to fail.